

2008

NEEDS AND ASSETS REPORT



 **FIRST THINGS**

Northwest Maricopa
Regional Partnership Council



Northwest Maricopa

Regional Partnership Council

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2008 Needs and Assets Report

Submitted in accordance with ARS 8-1161. Each regional partnership council shall submit a report detailing assets, coordination opportunities and unmet needs to the board biannually. The regional partnership council's needs and assets assessment shall be forwarded to the board for final approval no later than September 1 of each even-numbered year, beginning in 2008. The board shall have discretion to approve or reject a council's assessment in whole or in part or to require revisions. The board shall act on all needs and assets assessments no later than October 1 of each even-numbered year, beginning in 2008.

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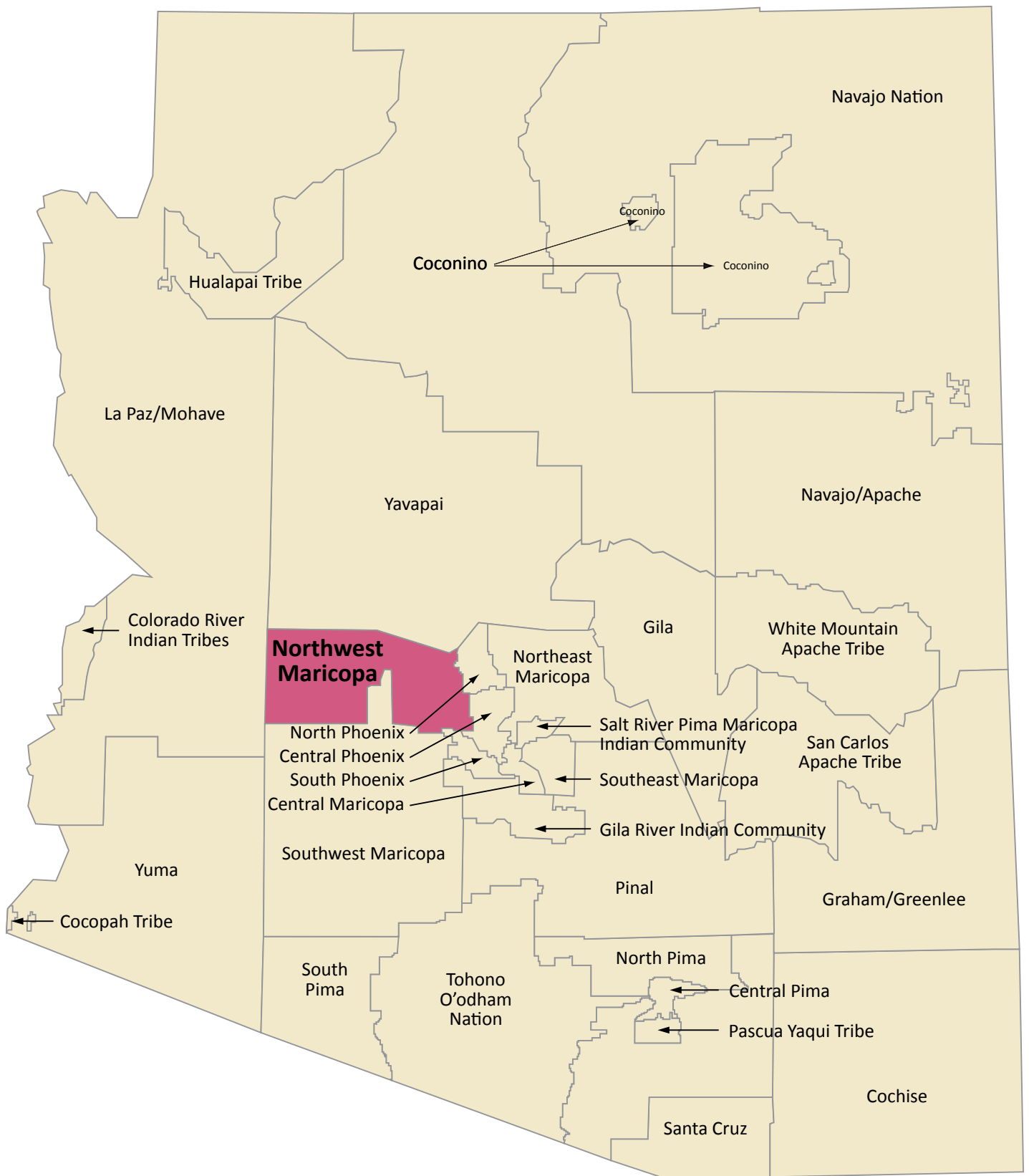
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First Things First – A Statewide Overview

The mission of First Things First (FTF) is to increase the quality of, and access to, early childhood programs that will ensure that a child entering school arrives healthy and ready to succeed. The governance model of First Things First includes a State-level Board (12 members in total, of whom nine are appointed by the Governor) and Regional Partnership Councils, each comprised of 11 members appointed by the State Board (Board). The model combines consistent state infrastructure and oversight with strong local community involvement in the planning and delivery of services.

First Things First has responsibility for planning and implementing actions that will result in an improved system of early childhood development and health statewide. The Regional Partnership Councils, 31 in total, represent a voluntary governance body responsible for planning and implementing actions to improve early childhood development and health outcomes within a defined geographic area (“region”) of the state. The Board and Regional Partnership Councils will work together with the entire community — all sectors — and the Arizona Tribes to ensure that a comprehensive, high quality, culturally sensitive early childhood development and health system is established for children and families to accomplish the following:

- Improve the quality of early childhood development and health programs
- Increase access to quality early childhood development and health programs
- Increase access to preventive health care and health screenings for children through age five
- Offer parent and family support and education concerning early child development and literacy
- Provide professional development and training for early childhood development and health providers
- Increase coordination of early childhood development and health programs and public information about the importance of early childhood development and health.



The Northwest Maricopa Regional Partnership Council

The First Things First Northwest Maricopa Regional Partnership Council (Regional Council) works to ensure that all children in the region are afforded an equal chance to reach their fullest potential. The Regional Council is charged with collaborating with the community to provide families with opportunities to improve their children's educational and developmental outcomes. By investing in young children, the Regional Council and its partners will help build brighter futures for the region's next generation of leaders, ultimately contributing to economic growth and the region's overall well-being.

To achieve this goal, the Northwest Maricopa Regional Partnership Council, with its community partners, will work to create a system that builds and sustains a coordinated network of early childhood programs and services for the young children of the region. As a first step, The First Things First report, *Building Bright Futures: A Community Profile* provides a glimpse of indicators that reflect child well-being in the state and begins the process of assessing needs and establishing priorities. The report reviews the status of the programs and services serving children and their families and highlights the challenges confronting children, their families, and the community. The report also captures opportunities that exist to improve the health, well-being, and school readiness of young children.

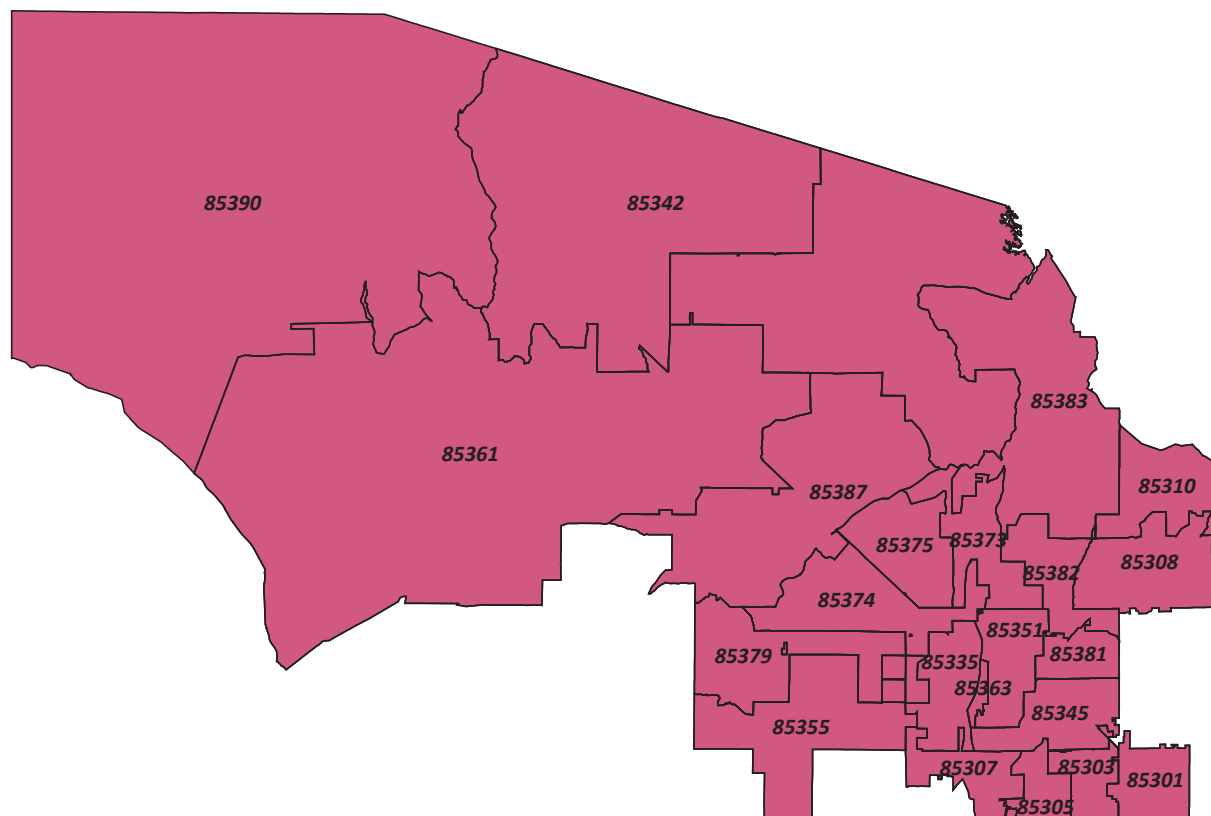
In the fall of 2008, the Northwest Maricopa Regional Partnership Council will undertake strategic planning and set a three-year strategic direction that will define the Regional Council's initial focus in achieving positive outcomes for young children and their families. The Regional Council's strategic plan will align with the Statewide Strategic Direction approved by the First Things First Board in March 2008.

To plan effectively and make programming decisions, the Regional Council must first be fully informed of the status of children in the Northwest Maricopa Region. This report serves as a planning tool for the Regional Council as they design their strategic road map to improve the early childhood development and health outcomes for young children. Through the identification of regional needs and assets and the synthesis of community input, this initial report begins to outline possible priority areas for which the Regional Council may focus its efforts and resources.

The challenges in writing this report are an important consideration. While numerous sources for data exist in the state and region, the information was often difficult to analyze and not all state data could be analyzed at a regional level. Lack of a coordinated data collection system among the various state agencies and early childhood organizations often produced statistical inaccuracies and duplication of numbers. Additionally, many indicators that could effectively assess children's healthy growth and development are neither current nor consistently measured.

Nonetheless, First Things First was successful in many instances in obtaining data from other state agencies, Tribes, and a broad array of community-based organizations. In their effort to develop regional needs and assets reports, First Things First has





begun the process of pulling together information that traditionally exists in silos to create a picture of the well-being of children and families in various parts of our state.

The First Things First model is for the Regional Council to work with the First Things First Board to improve data collection at the regional level so that the Regional Council has reliable and consistent data in order to make good decisions to advance the services and supports available to young children and their families. In the fall of 2008, First Things First will conduct a family and community survey that will provide information on parent knowledge related to early childhood development and health and their perception of access to services and the coordination of existing services. The survey results will be available in early 2009 and will include a statewide and regional analysis.

Executive Summary

First Things First presents Arizona with the unprecedented opportunity to create an early childhood system that affords all children an equal chance to reach his or her fullest potential, gives families real choices about their children's educational and developmental experiences, and includes every community through the 31 Regional Partnership Councils, in sharing the responsibility as well as the benefits of safe, healthy and productive citizens.

The First Things First Northwest Maricopa Regional Partnership Council with its community partners will work to create a system that builds and sustains a coordinated network of early childhood programs and services for the young children of the region. The Northwest Maricopa Regional Partnership Council is tasked with ensuring that the system built is inclusive of all families residing within the region, which includes the large communities of Glendale, Peoria, and Surprise, along with the nine smaller communities: Aguila, El Mirage, Morristown, Sun City, Sun City West, Waddell, Wickenburg, Wittmann, and Youngtown.

In 2008, the Northwest Maricopa Regional Council conducted its first Regional Needs and Assets report. This report highlights child and family indicators that illustrate children's health and readiness for both school and life, and provides an introductory assessment of the current early childhood development and health system. While providing a valid and complete baseline of data about young children and their families in the region was the ultimate goal, there were many challenges around the collection and analysis of data for the region. While numerous sources for data exist in the state, the information can be dated, difficult to analyze, and often is not available at the regional level. Many indicators that could effectively assess children's healthy growth and development are not consistently measured across the state and available at the local level. Additionally, available data is generally not current and thus not truly reflective of current conditions due to the region's rapid growth. The Northwest Maricopa Regional Council will focus its efforts and work in partnership with the First Things First Board to improve data collection so that regionally specific data is available for the Regional Council to make the right decisions around services and programs for the children of the region.

As previously mentioned, this 2008 Regional Needs and Assets Assessment focused on two primary topics, regional child and family indicators and the status of the region's early childhood development and health system. Characteristics examined within the topic of child and family indicators included: regional population, race, ethnicity, family composition, employment, income, poverty, parental and child education, healthy births, child safety, and health insurance coverage and utilization. Characteristics assessed in the review of the status of the region's early childhood development and health system included: early childhood education quality and access, family support, professional development, public information and awareness, and system coordination. Although outcomes of the assessment were not overly surprising, they did provide greater insight into the region, and a starting point for need prioritization, asset development, and strategic planning.

The examination of the characteristics related to child and family indicators revealed that within the rapidly growing region, the majority of families are two parent, middle income, families who commute regularly to Phoenix for employ-

ment and services. However, the examination also revealed that a large number of disparities exist within the region. One such example includes information on family composition. Although the majority of children living in Northwest Maricopa live in households with two parents, areas within the region where large numbers of single parent households do exist, including areas of Glendale where 37 percent of the children live with a single parent. A second example identified in the assessment focuses on annual income and poverty. The average median household income for the Northwest Maricopa Region is \$52,680, higher than both the state and national averages. Although the regional median household income is an accurate value for the region as a whole, the value is deceiving. In the Northwest Maricopa Region, many areas contain household incomes at or below federal poverty guidelines, including: Aguila, El Mirage, Youngtown, Wittmann, and the 85301 zip code of Glendale. The next disparities observed relate to pregnancy outcomes and teen pregnancy. In general, the region's statistics for low birth weights, prenatal care, pre-term births, and teen pregnancy align with both County and State statistical rates. However, close examination of community statistics shows that the smaller communities within the region, including Aquila, Wickenburg, and Wittmann, have a greater percentage of pre-term births, low birth weight babies, inadequate prenatal care, and teen pregnancies. A final disparity identified in the assessment relates to access to medical and dental care. Although the region does have four hospitals and four safety net clinics within its boundaries, areas within the Northwest Maricopa region exist that are recognized by the federal government as either a Health Professional Shortage Area or a Medically Underserved Area or Population. The impact of the shortage of health care professionals and underserved populations can be observed in the poor oral health status of the children residing in El Mirage, Glendale, and Surprise. On average, 46 percent of the children six –8 years of age, living in the communities of El Mirage, Glendale, and Surprise have untreated tooth decay.

The assessment on the status of the region's early childhood development and health system produced outcomes that mirrored the perceptions of parents living in the region. The assessment revealed that the region was deficient in high quality early care and education programs. Among early child care professionals in the Northwest Maricopa Region, only 6 percent of teachers have Child Development Associate credentials as compared to statewide rates of 9 percent for teachers. Twelve percent of teachers possess a bachelor's degree, which is 7 percent lower than the statewide rate. Subsequently, of the region's 170 licensed centers, only 26 were nationally accredited, the majority of which are within school districts where accreditation is mandated. Moreover, with over 38,000 children ages birth through five in the region, and only 13,000 children (28 percent) in any type of care and education programs, clearly an insufficient number of early care and education programs of any type are available for working parents and those who want or need a development program for their children. As a result of the lack of quality care within the region, and the high cost of licensed care (\$40 more per week than unlicensed care), the majority of care for working families still takes place in informal or unregulated settings. In addition to decreased access to high quality early childhood care and education, the assessment revealed that families of the Northwest Maricopa Region lack strong family support. This is not to say that services do not exist, however, community awareness is minimal, and the regional growth has exceeded the capacity of most of the regional family support organizations. In addition, many of the organizations servicing the

Northwest Maricopa Region are working in proverbial silos and are unable to provide families with a holistic approach due to lack of communication and coordination. The lack of support and services is especially true in the areas of parent education, family literacy, developmental screenings with adequate follow through, and behavioral health services.

Addressing the needs identified in the Northwest Regional Needs and Assets Assessment will not be a simple task, nor will change be immediate. However, through community collaboration, coordination, persistence, and strong commitment to early childhood development and health reform, a system for change will be achieved. The new early childhood system will be one that affords all children an equal chance to reach his or her fullest potential, gives families real choices about their children's educational and developmental experiences, and includes every community in the Northwest Maricopa Region. In addition, the new system will build and sustain a coordinated network of early childhood programs and services for all young children in the region.

Overview of Region: Northwest Maricopa

The Northwest Maricopa Region is composed of metropolitan and rural areas, encompassing approximately 20 percent of Maricopa County. The area includes the large communities of, Glendale, Peoria, and Surprise, along with nine smaller communities: Aguila, El Mirage, Morristown, Sun City, Sun City West, Waddell, Wickenburg, Wittmann, and Youngtown. The Northwest Maricopa Region includes the following zip codes: 85301, 85303, 85305, 85307, 85308, 85310, 85345, 85381, 85382, 85374, 85379, 85320, 85335, 85342, 85351, 85373, 85355, 85358, 85361, 85363, 85375, 85383, 85387, 85388, and 85390.

The Northwest Maricopa Region is home to over 500,000 culturally diverse residents, 7.3 percent of whom are youth ages birth through five years. Although the region does include a small assortment of retirement communities, including Sun City and Sun City West, the region is primarily a destination for young, growing families. The majority of the families living in the Northwest Maricopa Region are two parents, middle income, families who commute each weekday to Phoenix for employment.

To meet the leisure and recreational needs of the many families of the Northwest Maricopa region, the region is home to a variety of diverse family focused attractions and destinations. Local attractions and destinations include: the Wildlife World Zoo, the Challenger Space Center, the West Valley Art Museum, the Hassayampa River Preserve, the Lake Pleasant Regional Park, and the White Tank Mountain Regional Park. In addition, the region is home to the Arizona Cardinals, the Phoenix Coyotes, and four Cactus League Spring Training Teams.

To meet the educational needs of the region's residents, the communities are served by seventeen Charter schools and 10 school districts: Aguila Elementary, Alhambra Elementary, Deer Valley Unified, Dysart Unified, Glendale Elementary, Glendale Union High School, Morristown Elementary, Nadaburg Unified, Pendergast Elementary, Peoria Unified, Wickenburg Unified. In addition, the region is home to two Maricopa Community College Campuses, the Rio Salado College Lifelong Learning Center, and the Glendale Community College North Campus.

Health care needs of residents of the Northwest Maricopa are attended to by four

regional hospitals: Arrowhead Community Hospital, Banner Del E Webb Memorial Medical Center, Banner Walter O Boswell Memorial Medical Center, and the Wickenburg Regional Health Center. In addition, the region is also serviced by four safety net clinics, the Glendale Family Health Center, the Tidwell Family Care Center, the El Mirage Family Health Center, and the Wickenburg Family Care Center, along with numerous other pediatric and family physicians. Although the region does have four hospitals and four safety net clinics within its boundaries, there are still areas within the Northwest Maricopa region that are recognized by the federal government as either a Health Professional Shortage Area or a Medically Underserved Area or Population.



Regional Child and Family Indicators – Young Children and Families in the Northwest Maricopa Region

Child and family indicators illustrate children's health and readiness for both school and life. In addition, the indicators paint a comprehensive picture of the region, and provide policy makers, practitioners, and the community with a measurable way to understand child and family strengths and needs. The indicators included in this report are similar to indicators highlighted in the statewide needs and assets report and were chosen based on current research about what makes a difference in improving outcome for young children and their families. Indicators selected include the following:

- **Early childhood population** – Race, ethnicity, language, and family composition
- **Economic status of families** – Employment, income, poverty, and parents' educational attainment
- **Trends in births**
- **Health insurance coverage and utilization**
- **Child safety** – Abuse and neglect and child deaths
- **Educational achievement** – Elementary school performance and high school graduation

While it may not be possible for the Northwest Maricopa Regional Partnership Council to have a direct impact on the identified indicators, they are important measures to track because they outline a picture of a child's chance for success. In addition, some indicators such as child abuse, child neglect, and poverty are tracked because they provide pertinent information on how children are faring. These indicators provide information on potential service or system changes that may be necessary for the Northwest Maricopa Regional Partnership Council to have the greatest impact possible.

Regional Population Growth

The region of Northwest Maricopa has experienced substantial growth over the last decade, outpacing that of both the state and the nation. Since 2000, the region has grown by 27 percent, as compared to the state growth rate of 24 percent and the nationwide population growth rate of 7 percent.¹ Currently, the U.S. Census estimates that the regional population has grown to 530,889 persons.²

Northwest Maricopa- Population Growth (all ages)

	2000	2007	Percentage Change
Northwest Maricopa Region	418,023	530,889	27%
Arizona	5,130,632	6,338,755	24%
U.S.	281,421,906	301,621,157	7%

Sources: US Census 2000, Summary File SF2 and US Census Population Estimates Program (PEP) 2007 estimates.

¹ U.S. Census (2000), Population Estimates Program.

² U.S. Census (2000), Population Estimates Program.

Along with this overall increase in population came significant growth in the number of children aged birth through five, from 29,071 in 2000 to an estimated 38,501 in 2007³. Children age birth through five represents 7.3 percent of the total population in the Northwest Maricopa Region. The number of children in this age range in the region grew 32 percent, slight higher than the state as a whole, which measured a growth of only 29 percent.⁴ If the Northwest Maricopa region's population continues to grow at this pace, there will be significantly more children five years and under in the region in the years ahead.

Population Growth for Children Ages Birth Through Five Years

	2000	2007	Percentage Change
Northwest Maricopa Region	29,071	38,501	3%
Arizona	459,141	594,110	2%
U.S.	23,140,901	24,755,834	%

Sources: US Census 2000, Summary File SF2 and US Census Population Estimates Program (PEP) 2007 estimates.

Race and Ethnicity Characteristics

Residents in the Northwest Maricopa Region are ethnically and racially diverse. However, this diversity is not equitably distributed throughout the region. This fact is illustrated in the table below, which shows American Community Survey (2007) estimates for the racial composition for the State, Maricopa County, and the Northwest Maricopa cities of Glendale, Peoria, and Surprise.

Racial Composition of Selected Northwest Maricopa Cities, Maricopa County, and Arizona

City	African American	American Indian	Asian/Pacific Islander	Hispanic/Latino (of any race)	White, not-Hispanic
Glendale	4%	2%	4%	35%	55%
Peoria	2%	<1%	3%	17%	72%
Surprise	5%	1%	2%	21%	71%
County / State					
Maricopa County	5%	2%	3%	30%	60%
Arizona	4%	5%	2%	29%	60%

Source: American Community Survey (2007)

Data related to births in 2006 in Arizona reflect a changing demographic both statewide and in Northwest Maricopa. Births by mother's race/ethnic group in the Northwest Maricopa region indicate that the early childhood population's racial composition looks quite different from the general population. The following table shows births by racial/ethnic group for the largest cities in the Northwest Maricopa Region.

³ US Census 2000, Summary File SF2 and US Census Population Estimates Program (PEP) 2007 estimates.

⁴ U.S. Census (2000), Population Estimates Program.

Births by Mother's Race/Ethnic Group (2006)

	White Non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian/Pacific Islander	Unknown
Northwest Maricopa*	51% (5,223)	38% (3,894)	4% (462)	2% (164)	4% (369)	1% (88)
Arizona	42% (43,013)	44% (44,862)	4% (3,864)	6% (6,364)	3% (3,136)	<1% (803)

* This chart includes the cities of Glendale, Peoria, Surprise, El Mirage, Wickenburg, and Youngtown. Source: ADHS Vital Statistics, 2006.

Immigration Status

According to the Annie E Casey Foundation's *Kids Count* survey, 30 percent of all children in the State have at least one foreign-born parent. Data reveals that the immigration status of Maricopa County residents mirrors that of Arizona. The exact number of children born to immigrant families is unknown for the Northwest Maricopa region; however, regional birth trends suggest that the number of children born to immigrant families may be slightly lower in the region.

Regional Ethnicity and Immigration Characteristics (2006)

	U.S. Born	Foreign Born Naturalized Citizens	Non- U.S. Citizens
Maricopa County*	(82.6%) 3,111,817	(4.7%) 177,801	(12.7%) 478,505
Arizona	(85%) 5,237,235	(4%) 273,700	(11%) 655,383
U.S.	(87%) 261,850,696	(5%) 15,767,731	(7%) 21,780,050

* Only County level is provided because census data is not available at the sub-county level. Source: American Community Survey (2006).

Children of immigrants face difficulties that children of U. S. born parents do not. One such example is educational attainment. Educational attainment of immigrant parents is often limited. Nationally, 40 percent of children in immigrant families live with a mother or father who has not graduated from high school, compared to 12 percent of children in non-immigrant families. Parents who have completed fewer years of schooling may be less able to help their children learn to read. In addition, children of immigrants may be less prepared than their counterparts to start kindergarten. Nationally, three and four-year-old children in immigrant families are less likely to participate in nursery school or preschool programs than their peers.⁵ Immigrant families are also much more likely to be low income, suggesting that they and their children may face other economic-related barriers.

While a number of children in the Northwest Maricopa Region are likely to be part of an immigrant family, they themselves are likely to be citizens. Citizenship status allows children to qualify for public benefits such as AHCCCS (Arizona Health

care Cost Containment System) or KidsCare (publicly financed health insurance for low-income children) that are generally off limits to non-citizens. Nonetheless, citizenship status is not a guarantee that young children are able to access services. Even though most young children in the region are likely to be citizens, the citizenship status of their parent may also affect their access to services. National studies suggest that many eligible citizen children with noncitizen parents are unaware or afraid of the consequences of participating in public programs on their legal status and citizenship.⁶ Similarly, interviews with local providers and educators suggest that families in which one or more parents are undocumented may not obtain needed services due to fear that they may be detained or deported. Schools and faith-based organizations are often considered “safe” places where families are more likely to access services for their citizen children.⁷

Language Characteristics

Language characteristics, in terms of language primacy or fluency, are generally not measured in children until they reach their fifth year. As a result, data on these characteristics are usually limited to children over the age of five. Local data on language characteristics is not available for the region, however, statewide data from the most recent *Kids Count* and *American Community* survey estimate that up to 32 percent of Arizona children ages five to eighteen speak a language other than English. An examination of Maricopa County data shows that 12 percent of families with young children speak primarily Spanish and may be isolated because of this. Many of the children who reside in linguistically isolated families enter school with limited English proficiency.

Language Use Among Individuals Living in Maricopa County

	Percentage who speak only English	Percentage who speak English less than “very well”
2000	76%	12%
2006	72%	12%

*County level data used, as census tract data for the Northwest Region is not available for 2006. Sources: U.S. Census (2000); American Community Survey (2006).

Family Composition

One of the more reliable predictors of a child receiving early education and care services is whether or not the child’s mother is a single parent who needs to work to support the family. Nationally, in 1991, 85 percent of working mothers of 4-year olds used early childhood education and care programs, with that figure jumping to 91 percent in 1999.

Since the year 2000, the percentage of young children living in a single parent household in Arizona has remained around 30 percent.⁸ Although this percentage

6 Capps, R, Hagan, J and Rodriguez, N. (2004). *Border residents manage the U.S. immigration and welfare reforms in immigrants, welfare reform, and the poverty of policy*. Westport, CT: Praeger.
7 Capps, R., Hagan, J. and Rodriguez, N. *Border Residents Manage the U.S. Immigration and Welfare Reforms. In Immigrants, Welfare Reform, and the Poverty of Policy*. Westport, CT: Praeger.
8 Annie E Casey Foundation. (2006). *Kids Count Survey*.

of single-parent households might seem high, realistically, Arizona is right at the national average for this statistic and faring better than many states where single parent households can approach the 50 percent mark (i.e., Washington, D.C. and Mississippi).⁹ Estimates indicate that mothers lead most single parent households, however, single male householders with at least one child under the age of six has increased by 15 percent from 2000 - 2005¹⁰. And while the percentage of single parent households in Arizona has remained consistent, the Arizona population increase means there are now more young children living in single parent households.

In the Northwest Maricopa Region, the majority of children live in households with two parents. Overall, the region has a lower percentage of single parent families than reported county and state averages. Conversely, within the region, geographic areas exist where the percentages of single parent households do exceed both county and state averages. Furthermore, the likelihood that children will be part of a two-parent household appears to be changing in the Northwest Maricopa Region. Current data shows that the percentage of births to unmarried women in the region has steadily increased over the years to 39 percent in 2006.¹¹

Makeup of Households with Children Birth to 18 Years of Age for Selected Northwest Maricopa Cities

City	Married Couple Households	Male Headed Household without Wife	Female Headed Household without Husband
Glendale	61%	10%	27%
Peoria	71%	11%	18%
Surprise	82%	3%	15%
County / State			
Maricopa	67%	9%	23%
Arizona	65%	9%	24%

Source: American Community Survey (2006)

Teen Parent Households

Research studies have shown that childbearing as a teenager is a risk factor for inadequate education and poverty. In addition, infants born to teen mothers are at higher risk for poor birth outcomes as well as long-term learning and behavior problems. A child of a teen parent is at greater risk of prematurity, low birth weight, dying from intentional injury, and developmental and behavioral disorders. This is especially true for second or third children born to teenagers. As they grow older, these children are more likely to drop out of school, get into trouble, and end up as teen parents themselves.¹²

Teen mothers also have lower academic achievement compared to their childless peers. In fact, 85 percent of teen mothers in Arizona have less than an 11th grade education at the time of delivery, 15 percent of who have only an eighth grade education

9 Hernandez, D. (2006). *Young Children in the U.S.: a demographic portrait based on the Census 2000*. Report to the National Task Force on Early Childhood Education for Hispanics. Tempe, AZ: Arizona State University.

10 U.S. Census (2000) & American Community Survey (2005).

11 Arizona Department of Health Services, Office of Vital Statistics, 2006.

12 Annie E. Casey Foundation. KidsCount Indicator Brief: Preventing Teen Births, 2003.

or less.¹³ Ironically, dropout prevention studies consistently identify the need for high-quality early childhood education to *prevent* the high school dropout problem, which in turn is cited in the early childhood literature as one reason children of teenage mothers often have poor early childhood outcomes themselves. Births to teen mothers have implications on the need for early childhood services. Literature suggests that teen mothers often need high-quality early education for their young children so that they themselves can complete high school. In turn, high school dropout affects the earning potential of teenage mothers and outcomes for young children.¹⁴

Although, teen pregnancy and birth rates in the United States have steadily declined during the past 10 years, Arizona is among states with the highest teen birth rates in the nation.¹⁵ According to data from Arizona Department of Health Services, Arizona currently ranks fifth highest in the nation for teen birth rates. At 59.6 births per 1,000 females 15-19 years of age, the state is well above the U.S. rate of 41.9.¹⁶ The state average for teenage births has remained relatively constant at around 12 percent for more than five years. Unfortunately, little progress has been made in reducing the prevalence of Arizona teen mothers giving birth to a second child. Between 2000 and 2006, approximately 22 percent of births to teen mothers were the mother's second child.¹⁷

The Northwest Maricopa Region's teen birth rate is slightly below the state average, with about one out of every 10 children being born to a teen aged 19 years or younger. However, it should be noted that a wide range exists in the number of teen pregnancies among the communities in the Northwest Maricopa Region, from a low or nonexistent rate in the retirement communities of Sun City and Sun City West to a much higher rate in communities such as Aguila, making the regional average misleading.

Percentage of Children Born to Teen Mothers*

	2002	2003	2004	2005	2006
Northwest Maricopa***	11%	12%	11%	10%	11%
Arizona	13%	12%	12%	12%	12%
U.S.	11%	10%	10%	10%	10%**

*Teen is defined as less than or equal to 19 years of age. Sources: American Community Survey, National Center for Health Statistics, ADHS Vital Statistics **Preliminary Data for 2006, 12/5/2006.

***Data includes Glendale, El Mirage, Surprise, Peoria, Wickenburg, and Youngtown.

Grandparent Households

Grandparents are increasingly finding themselves responsible for raising their young grandchildren. In 2005, an estimated 30,400 children birth through five years lived with a grandparent who was the primary caregiver.¹⁸ Furthermore, the estimated number of children birth through five living with a grandparent as the caregiver with no parent present went from 4,500 children in 2005 to an estimated 7,600 in 2006.¹⁹ Of the grandparents who live with their grandchildren in Maricopa County, 34 per-

13 Arizona Department of Health Services, Office of Vital Statistics, 2004

14 Women's Health; 01 November 2000

15 CDC, NCHS, National Vital Statistics Reports, Volume 56, Number 6, December 5, 2007.

16 Arizona Department of Health Services, Office of Vital Statistics 2006.

17 CDC, NCHS, National Vital Statistics Reports, Volume 56, Number 6, December 5, 2007.

18 2005 and 2006 American Community Surveys. Figures given are estimates based on sampling.

19 2005 and 2006 American Community Surveys

cent report that they have primary caretaking responsibilities.

In Northwest Maricopa, just like other areas of the state, a significant number of grandchildren are in the care of their grandparents. These grandparents often face challenges. For example, grandparent caregivers are more likely to have lower incomes compared to their parent-maintained families. The 2000 census showed that 19 percent of grandparent caregiver households were below the poverty line, as compared to 14 percent of households with parents.²⁰ Furthermore, a portion of these grandparent caregivers has either disabilities or age related functional limitations that affect their ability to respond sufficiently to the needs of grandchildren.²¹

Employment, Income and Poverty

Research has shown that family stability, which can also be measured by steady household employment and poverty, impact the family environment, and in turn affect a child's ability to grow up healthy, happy, and ready to learn. Joblessness for a family can affect the home and the family environment. In Arizona, recent unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.3 percent in May of 2007.²² For the most recent 12-month reporting period, unemployment in Arizona has mirrored the national trend where an economic downturn has led to higher joblessness rates. In growth-prone areas of Arizona such as Phoenix, unemployment rates have been slower to creep up toward the state and national averages, however, in some outlining areas such as Northwest Maricopa, unemployment rates have exceeded both County and State rates.

2008 Unemployment Rates for Selected Northwest Maricopa Cities

	Jan 2008	Feb 2008	Mar 2008	Apr 2008	May 2008	Jun 2008	Jul 2008	Aug 2008
El Mirage	6.1%	5.4%	5.3%	4.9%	5.3%	6.5%	7.1%	7.6%
Glendale	4.1%	3.6%	3.6%	3.3%	3.5%	4.4%	4.8%	5.1%
Peoria	2.8%	2.5%	2.4%	2.2%	2.4%	3.0%	3.3%	3.5%
Sun City	4.7%	4.1%	4.1%	3.7%	4.0%	5.0%	5.4%	5.8%
Sun City West	4.9%	4.3%	4.3%	3.9%	4.2%	5.3%	5.7%	6.1%
Surprise	5.0%	4.4%	4.3%	4.0%	4.3%	5.3%	5.8%	6.2%
Wickenburg	1.8%	1.5%	1.5%	1.4%	1.5%	1.9%	2.1%	2.2%
Youngtown	6.8%	6.0%	5.9%	5.5%	5.9%	7.3%	7.9%	8.4%
County / State								
Maricopa County	3.9%	3.5%	3.4%	3.1%	3.4%	4.2%	4.6%	4.9%
Arizona	4.5%	4.0%	3.9%	3.6%	4.1%	5.0%	5.4%	5.8%

Source: Arizona Dept. of Commerce, Research Administration (August, 2008) http://www.workforce.az.gov/admin/uploadedPublications/2044_speccrates2000+.xls

20 Grandparents Living with Grandchildren, 2000, Census Brief.

21 Grandparents Living with Grandchildren, 2000, Census Brief.

22 Arizona Department of Commerce, Research Administration (August, 2008)

Annual Income

The Northwest Maricopa Region has a median income of \$52,680; however, geographically a wide variation in median income does exist both between and within regional communities. For example, in zip code 85310 (located in Glendale) the median income is \$91,451 whereas for zip code 85320 (Aguila) the median income is \$24,580. Overall, as the chart below shows, many of the median incomes in this region are higher than the state (\$47,265) and national (\$48,457) averages. The areas with median incomes below the state average include 85301 (Glendale), 85320 (Aguila), 85335 (El Mirage), 85342 (Morristown), 85351 and 85373 (Sun City), 85361 (Wittmann), and 85363 (Youngtown).

Northwest Maricopa Median Income by Selected Zip Code (2007)

Community	Median Household Income
Glendale: • 85301 • 85303 • 85305 • 85307 • 85308 • 85310	\$34,437 \$52,842 \$70,018 \$51,850 \$75,474 \$91,451
Peoria*: • 85345 • 85381 • 85382	\$54,245 \$79,930 \$67,496
Surprise*: • 85374 • 85379	\$52,777 \$55,059
Aguila: • 85320	\$24,580
El Mirage: • 85335	\$40,098
Morristown • 85342	\$40,320
Sun City • 85351 • 85373	\$37,546 \$46,041
Waddell • 85355	\$78,769
Wittmann • 85361	\$37,553
Youngtown • 85363	\$27,771

*Some zip codes excluded. Sources: US Census 2000, Summary File SF3 and US Census Population Estimates Program (PEP) 2007 estimates.

Families in Poverty

In the Northwest Maricopa Region, many areas contain households where the median annual income is at or below federal poverty guidelines, while other areas of the region are well above these poverty guidelines. For a family of four, the Federal Poverty Level is \$21,200 a year (for the 48 contiguous states and D.C.).²³ Youngtown, Wittmann, Aguila, and even some portions of Glendale report median annual incomes that fall below these poverty levels. As the following charts show, Glendale, the largest city in the Northwest Region, has 12 percent of its families living at or below the 100 percent Federal Poverty Level while Maricopa County has 3 percent fewer.

Families Living at or Below the Federal Poverty Level (2006)

	Percentage of Households Living At or Below 100% of the Federal Poverty Level
Glendale	12%
Maricopa County*	9%
Arizona	10%
US	10%

*Data not available at the sub-county level. Source: US Census, American Community Survey

Families living at or below 200 percent of the Federal Poverty Level generally qualify for services such as food stamps or the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The following chart shows the numbers of food stamp and Children WIC recipients for the major cities in the Northwest Maricopa Region.

Welfare Benefits—Northwest Maricopa

Benefits	Peoria	Surprise	El Mirage	Wickenburg	Youngtown	Glendale
Food Stamps	5,818	2,451	2,875	574	305	24,031
Children WIC Recipients	1,568	1,293	1,390	142	92	8,282

Source: Arizona Department of Health Services, Community Health Profile, 2003.

Additional data by city for the 100 percent and 200 percent Federal Poverty Levels reveal that the smaller communities of Aguila, El Mirage and Youngtown experience the most severe poverty.

²³ Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.

Children Living at or Below Federal Poverty Level—by City (2003)— Northwest Maricopa Region

FPL Level	Peoria	Surprise	El Mirage	Wickenburg	Youngtown	Glendale
100% FPL	5. %	8.6%	15.8%	12.8%	12.8%	11.9%
200% FPL	16.0%	25.7%	60.5%	34.1%	42.7%	30.1%

Arizona Department of Health Services, Community Health Profile, 2003.

Even Arizona parents who are employed may be struggling to “make ends meet,” as some research indicates that almost two-thirds of working families are living at or below the federal poverty line and are considered to be “low-income” families. Both women and men are more likely to have higher incomes if they have greater educational success. For example, according to 2004 statistics a woman with less than a ninth grade education could expect to earn less than \$18,000 per year, but with a high school diploma that income expectation rose to more than \$26,000 per year. With a bachelor’s degree in 2004, women were reporting an income of \$41,000 per year.²⁴

Parent Educational Attainment

Educational attainment by a child’s mother is a strong predictor of the child’s academic achievements, health status, and well-being.²⁵ Mothers without a high school diploma are less likely to provide enriching childhood experience necessary for the child to be ready to learn and succeed in school. Children of mothers without a high school diploma score have lower scores on math and reading skills upon entry to Kindergarten than children of mothers with a high school diploma. Research has demonstrated an intergenerational effect of parental educational attainment on a child’s own educational success later in life. Some studies have surmised that up to 17 percent of a child’s future earnings may be linked (through their own educational achievement) to whether or not their parents or primary caregivers also had successful educational outcomes.²⁶

Percentage of Live Births by Educational Attainment of Mother²⁷

		2002	2003	2004	2005	2006
Maricopa County*	No H.S. Degree	30%	31%	31%	30%	30%
	H.S. Degree	27%	26%	29%	27%	28%
	1-4 yrs. College	33%	33%	33%	34%	34%
Arizona	No H.S. Degree	20%	21%	20%	20%	20%
	H.S. Degree	29%	29%	29%	29%	30%
	1-4 yrs. College	32%	32%	32%	33%	33%

*Data for Maricopa County only. Arizona Dept. of Health Services, Vital Statistics, American Community Survey.

Approximately 22 percent of births nationally are to mothers who do not possess a high school degree. While data for the Northwest Maricopa Region is not avail-

²⁴ U.S. Census (2000), Population Estimates Program

²⁵ Magnuson, K.A. & McGroder, S.M. (2002). *The Effects of Increasing Welfare Mother’s Education on Their Young Children’s Academic Problems and School Readiness*. Working Paper. Evanston: IL. Northwestern University, Joint Center for Poverty and Research.

²⁶ West, J., Denton, K. & Germino-Hausken, E. America’s Kindergartners: Finding from the Early Childhood Longitudinal Study, Kindergarten Class of 1998-99, Educational Statistical Quarterly, 2 (1).

²⁷ Numbers do not add to 100 percent since any education beyond 17 years and unknowns were excluded.

able, in Maricopa County that percentage is much higher than the national average. According to data reported from 2002 to 2006, almost 30 percent of mothers who gave birth in Maricopa County had less than a high school diploma, which is almost 10 percent higher than the state average over the same period. The state rate for births to mothers with no high school degree has remained fixed at 20 percent for the past three years.

Healthy Births

Prenatal Care

Adequate prenatal care is vital in ensuring the best pregnancy outcomes. A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which a baby develops physically, mentally and emotionally into a curious and energetic young child. An unhealthy birth can be a major barrier in a baby's life, often delaying development and leading to lifelong challenges.

Factors associated with a healthy birth include:

- **Access to prenatal care** - Women who receive prenatal care in the first trimester of a pregnancy are more likely to give birth to healthy babies. The American College of Obstetricians and Gynecologists recommends that prenatal care begin in the first three months of pregnancy and continue throughout the pregnancy with at least 13 visits.
- **Low birth-weight babies** - Babies who weigh less than 5 pounds, 8 ounces at birth are more likely to have health complications, at birth and later in life.
- **Teen births** - Teenage girls, and especially those 17 years of age and younger are more likely than women in their 20s and 30s to encounter complications during pregnancy and at birth and to have low birth weight babies. Among pregnant women, teens are less likely to begin prenatal care in the first three months of pregnancy and to have the recommended number of prenatal care visits. Data also show that teenagers are more likely to use tobacco before and during pregnancy increasing the risk of low birth-weight.
- **Smoking during pregnancy** - Women who smoke during pregnancy are at greater risk for premature birth, low birth weight babies, stillbirth, infant mortality, and other complications.

Unfortunately, in many communities, prenatal care is far below what it could be to ensure this healthy beginning. Some barriers to prenatal care in communities and neighborhoods include the large number of pregnant adolescents, the high number of non-English speaking residents, and the prevalence of inadequate literacy skills.²⁸ Additional barriers to obtaining early prenatal care include: lack of general health care, transportation, poverty, teenage motherhood, stress, and domestic violence.²⁹ Finally, cultural ideas about health care practices may be contradictory and difficult

²⁸ Ashford, J., LeCroy, C. W., & Lortie, K. (2006). *Human Behavior in the Social Environment*. Belmont, CA: Thompson Brooks/Cole.

²⁹ <http://www.cdc.gov/reproductivehealth/products&pubs/dataaction/pdf/rhow8.pdf>

to overcome, so that even when health care is available, pregnant women may not understand the need for early and regular prenatal care.³⁰

Among the Northwest Maricopa cities, 83 percent of the mothers received prenatal care within their first trimester, compared to 77 percent in Arizona.³¹ Additionally, there exist few women in this region (1 percent), whom are reported as receiving *no* prenatal care.

Selected Characteristics of Newborns and Mothers, Northwest Maricopa (2006)

Community	Total Births	Teen Mother (<=19yr)	Prenatal Care 1 st Trimester*	No Prenatal Care	Public \$	LBW<2500*	Unwed Mothers
Aguila	54	10	26	3	49	5	37
El Mirage	842	100	700	6	429	68	305
Glendale	5,197	704	4,129	80	3,065	359	2,462
Morristown	15	0	13	0	8	2	4
Peoria	2,092	197	1,833	14	718	155	681
Sun City	69	5	58	0	24	2	25
Sun City West	4	1	2	0	4	1	3
Surprise	1,851	126	1,638	11	564	118	422
Waddell	41	3	32	1	14	3	6
Wickenburg	101	15	80	5	70	12	39
Wittmann	94	15	60	7	62	10	46
Youngtown	117	19	101	0	55	10	45
Totals	10,447	1,195	8,672	127	5,062	745	4,075

* First trimester prenatal care serves as a proxy for births by number of prenatal visits and births by trimester of entry to prenatal care. Low Birth Weight (LBW) serves as a proxy for pre-term births (<37 weeks.) Source: Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics.

Low Birth-Weight Babies

Low birth weight and very low birth weight (defined as less than 3lbs, 4 oz.) are leading causes of infant health problems and death. Many factors contribute to low birth weight. Among the most prominent are: drug use during pregnancy, smoking during pregnancy, poor health, poor nutrition, and multiple births. The Northwest Maricopa Region has low birth weight rates that range from about 7 percent to 11 percent depending on the city. As the chart above shows, many of the smaller cities have higher percentages of low birth weights, for example, 9 percent in Aguila, 11 percent in Wickenburg, and 11 percent in Wittmann compared to 7 percent in the cities of Glendale and Peoria.

The Centers for Disease Control reports that low birth weight births have been rising over the past several years. Arizona is producing fewer low birth weight babies each year. Studies have suggested that Arizona's lower than average incidence of pregnant women who smoke cigarettes accounts for better outcomes regarding birth weight than is seen in other cities in the United States. In 2004, the national incidence of pregnant women who smoked cigarettes was over 10 percent, while the

³⁰ LeCroy & Milligan Associates (2000). *Why Hispanic women fail to seek prenatal care*. Tucson, AZ.

³¹ Child Health USA 2003, U. S. Department of Health and Human Services, Health Research and Services Administration.

Arizona rate was only 5.9 percent. For those women who smoke during their pregnancies, white teenagers seem to have the highest prevalence for this behavior, at 3 percent nationally.

Pre-term Births

Pre-term births, defined as birth before 37 weeks gestation, account for nearly one-half of all congenital neurological defects such as cerebral palsy, and more than two-thirds of infant deaths.³² In the above chart, low birth weight is presented. Because these indicators are closely linked, low birth weight can be considered as a proxy for pre-term births. Low birth weight has a direct link to the gestational age at which the child is born. Overall, the rates of premature birth have been rising in the U.S. over the past 20 years, with some studies pointing to both advances in neonatal care capabilities and a higher incidence of caesarian sections that are not medically necessary, as contributing to these rates. The rate of pre-term births in the United States has increased 30 percent in the past two decades.³³ One half of all pre-term births have no known cause. One factor to consider is that the caesarean section rate has risen to 30 percent since 1996, with the latest studies showing that 92 percent of babies delivered by C-section from 1996 to 2004 were judged after birth to be “late pre-term,” meaning they were born between 34 and 37 weeks of pregnancy as opposed to the typical 38 to 42 weeks.³⁴

In the Northwest Maricopa Region, a greater percentage of mothers in the smaller communities are 19 years old or younger, have a lower percentage of prenatal care in the 1st trimester, a higher incidence of low birth weight babies and more births are paid for by public funds than larger communities in the region.

Births to Teen Mothers

About 10 percent of American teen girls between the ages of 15 and 19 become pregnant each year.³⁵ About one-third of adolescent mothers have a repeat pregnancy within two years.³⁶ A repeat teen birth comes with a significant cost to the teenage mothers themselves and to society. Teen mothers who have repeat births, especially closely spaced births, are less likely to graduate from high school and more likely to live in poverty and receive welfare when compared with teen parents who have only one child.³⁷ In spite of a declining teen birth rate, teenage parenthood is a significant social issue in this country. Teen parents face significant obstacles in being able to rear healthy children. Teen parents are generally unprepared for the financial responsibilities and the emotional and psychological challenges of rearing children.

According to data from 2006, the number of mothers’ ages 19 years or younger and the number of unwed mothers, is higher in the smaller Northwest Maricopa communities than in the larger and more developed areas of the region. In particular, four communities within the region had considerably higher percentages of teen mothers: Aguila (18.5 percent), Wickenburg (15 percent), Wittmann (16 percent), and Youngstown (16 percent) in comparison to Glendale (13 percent) and Peoria (9 percent).

32 Johnson, R. B., Williams, M. A., Hogue, C.J.R., & Mattison, D. R. Overview: New perspectives on the subborn

33 Mayo Clinic. Premature births, November, 2006.

34 Preliminary births for 2005: Infant and Marternal Health National center for Health Statistics.

35 Center for Disease Control, fact sheet, 2001.

36 Kaplan, P. S., *Adolescence*, Boston, MA, 2004.

37 Manlove, J., Mariner, C., & Romano, A. (1998). *Positive educational outcomes among school-age mothers*. Washington DC: Child Trends.

Northwest Maricopa Teen Pregnancy Totals for Selected Cities (2006)

Community	Total Births	Births to Teens (<=19yr)	Percentage
Aguila	54	10	18.5%
El Mirage	842	100	12%
Glendale	5,197	704	13%
Morristown	15	0	
Peoria	2,092	197	9%
Sun City	69	5	7%
Sun City West	4	1	25%
Surprise	1,851	126	7%
Waddell	41	3	7%
Wickenburg	101	15	15%
Wittmann	94	15	16%
Youngtown	117	19	16%
Totals	10,477	1,195	11%

Source: Arizona Department of Health Service, Vital Statistics, 2006

Health Insurance Coverage and Utilization

Health insurance significantly improves children's access to health care services and reduces the risk that illness or injury will go untreated or create economic hardships for families. Having a regular provider of health care promotes children's engagement with appropriate care as needed. Research shows that children receiving health care insurance³⁸:

- Are more likely to have well-child visits and childhood vaccinations than uninsured children
- Are less likely to receive their care in the emergency room
- Do better in school

When parents cannot access health care services for preventive care such as immunizations or well child exams, there may be delayed diagnosis of health problems, failure to prevent health problems, or the worsening of existing conditions.³⁹ Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.⁴⁰

Arizona children are far less likely to have health insurance than their peers nationally. A staggering 17 percent of Arizona's children (ages 0-18) are uninsured, compared to 12 percent nationally. Over 300,000 Arizona children lack health

38 Johnson, W. & Rimaz, M. Reducing the SCHIP coverage: Saving money or shifting costs. Unpublished paper, 2005. Dubay, L., & Kenney, G. M., Health care access and use among low-income children: Who fares best? *Health Affairs*, 20, 2001, 112-121. Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

39 Chen, E., Matthews, K. A., & Boyce, W. T., Socioeconomic differences in children's health: How and why do these relationships change with age? *Psychological Bulletin*, 128, 2002, 295-329.

40 National Education Goals Panel. *Reconsidering children's early developmental and learning: Toward common views and vocabulary*. Washington DC.

coverage.⁴¹ One reason that Arizona children may be less likely than their national counterparts to be insured is that they may be less likely to be covered by a parent's employer health insurance. In Arizona, 48 percent of children (ages 0-18) receive employer-based coverage, compared to 56 percent of children nationally.⁴²

Percent of Children (birth through five years) Without Health Insurance Coverage

	2001	2002	2003	2004	2005	2006
Arizona	14%	14%	14%	13%	15%	15%
U.S.	10%	10%	10%	10%	10%	11%

Source: Kids Count.

A 2007 report entitled *Health Insurance in Arizona: Residents of Maricopa County* provides estimates of the number of uninsured children living in each zip code area in Maricopa County. The estimates are based on health records contained in a community health data system known as Arizona Health Query (AZHQ). The data system contains health records for 1.4 million people in Maricopa County, representing 40 percent of county residents. Health records for children are even more complete in the AZHQ database, representing 72 percent of the county's children ages birth to nine. In the Northwest Maricopa Region, it is estimated that 141, 486 children ages birth to nine are uninsured.

In the chart below, the number of children without health insurance is estimated by zip code for 2004. Estimates are based on an estimate of the rate of uninsured children in each zip code area applied to US Census population projections.

⁴¹ Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey (CPS: Annual Social and Economic Supplements).

⁴² Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

Uninsured Children by Selected Zip Codes in the Northwest Maricopa Region (2004)

Zip Code	Estimated Number of Uninsured Children (Ages 0-9)
85301	23,773
85303	9,253
85305	2,236
85307	4,342
85308	21,627
85310	8,624
85345	21,137
85381	9,196
85382	12,112
85374	12,109
85379	701
85335	11,556
85342	366
85351	111
85373	979
85355	1,309
85361	1,625
85363	430

Source: Arizona Health Query, as reported in Johnson, Dr. William G., et al. Health Insurance in Arizona: Residents of Maricopa County. Ira A. Fulton School of Computing and Informatics, Arizona State University, 2007. Note: Counts for smaller enclosed zip codes were added to the counts for larger enclosing zip codes. Data were reported where total AZHQ was ≥ 500 .

The chart below shows children enrolled in AHCCCS or KidsCare — Arizona's publicly funded low cost health insurance programs for children in low-income families. As the chart shows, 66,791 children (ages birth through five) were enrolled in AHCCCS or KidsCare in Maricopa County in 2007.

Children Under Six Enrolled in KidsCare or AHCCCS Health Coverage (2004-2007)

	AHCCCS				KidsCare				Total Children Under Six Enrolled In AHCCCS or KidsCare			
	'04	'05	'06	'07	'04	'05	'06	'07	'04	'05	'06	'07
Maricopa County	54,083	63,590	59,097	59,850	3,996	4,963	6,016	6,941	58,079	68,553	65,113	66,791
Arizona	87,751	102,379	95,776	96,600	6,029	7,397	8,699	9,794	93,780	109,776	104,475	106,394

Source: AHCCCS, Enrollment data is for calendar year, representing children enrolled at any time during the calendar year in AHCCCS or KidsCare. The child is counted under the last program in which the child was enrolled.

While many children do receive public health coverage, many others who likely qualify, do not. In 2002, the Urban Institute's National Survey of America's Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona) but are not enrolled.⁴³

43 Genevieve Kenney, et al, "Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve," *Urban Institute*, July 31, 2003.

Indeed, the large percentage of families who fall below 200 percent of the Federal Poverty Level in the region suggests that many children are likely to qualify for public coverage. National studies suggest that these same children are unlikely to live in families who have access to employer-based coverage.⁴⁴

Health coverage is not the only factor that affects whether or not children receive the care that they need to grow up healthy. Other factors include: the scope and availability of services that are privately or publicly funded; the number of health care providers including primary care providers and specialists; the geographic proximity of needed services; and the linguistic and cultural accessibility of services.

For the Northwest Maricopa Region, this last factor may potentially play a large role, given the number of immigrant and linguistically isolated households in the region. While no specific evidence exists for the region, such evidence does exist statewide. For example, 37 percent of 788 AHCCCS providers surveyed in 2005 (representing 98 percent of all AHCCCS providers) had *no means* of understanding their Spanish-speaking patients unless the patient's family member could translate for their relative and the medical provider.⁴⁵ Similarly, a 2007 Commonwealth Fund study found low rates of patient satisfaction among Arizonans, who cited lack of cultural competency as one contributing factor.⁴⁶

Lack of health coverage and other factors combine to limit children's access to health services. For example, according to a 2007 report by the Commonwealth Fund, only 36 percent of Arizona children under the age of 17 had a regular doctor and at least one well check visit in the last year. According to the same study, only 55 percent of children who needed behavioral health services received some type of mental health care in 2003.⁴⁷

Access to Medical Care

While varieties of factors ultimately influence access to health care, health coverage does play an important role in ensuring that children get routine access to a doctor or dentist's office. For example, the chart below shows that for children under age five enrolled continuously in AHCCCS in Maricopa County, 78 percent received at least one visit to a primary care practitioner (such as a family practice physician, a general pediatrician, a physician's assistant, or a nurse practitioner) during the year in 2007.

Percentage of Children (12-months – five years) Continuously Enrolled in AHCCCS Receiving One or More Visits to a Primary Care Practitioner

	Maricopa County	Arizona
2005	77%	78%
2006	78%	78%
2007	78%	78%

Source: AHCCCS. Note: Continuously enrolled refers to children enrolled with an AHCCCS health plan (acute or ALTCS) 11 months or more during the federal fiscal years 2005, 2006, 2007.

44 Long, Sharon K and John A. Graves. "What Happens When Public Coverage is No Longer Available?" Kaiser Commission on Medicaid and the Uninsured, January 2006.

45 Long, Sharon K and John A. Graves. "What Happens When Public Coverage is No Longer Available?" Kaiser Commission on Medicaid and the Uninsured, January 2006.

46 Commonwealth Fund. State Scorecard on Health care System Performance, 2007.

47 Commonwealth Fund. State Scorecard on Health care System Performance, 2007.

Oral Health Access and Utilization

Access to dental care is also limited for young children in both the state and the region. As the chart below shows, in 2003, oral health varies among Northwest Maricopa cities. For example, a widespread problem with untreated tooth decay among six to eight year olds ranges from a low of 31 percent in Peoria to a high of 50 percent in El Mirage.

Oral Health—Northwest Maricopa—Children Six to Eight Years Old

Northwest Communities (2003)	Untreated tooth decay	Tooth decay experience	Urgent Treatment needs	Sealants present
Glendale	43%	62%	13%	21%
Peoria	31%	55%	4%	34%
Surprise	45%	60%	6%	31%
El Mirage	50%	65%	11%	17%
Wickenburg	31%	54%	7%	17%
Youngtown	34%	56%	9%	31%
Arizona	40%	62%	9%	23%

Source: Arizona Department of Health Services, Community Health Profile 2003.

Access to oral health care is even more challenging for families with special needs children. According to a statewide Health Provider Survey report released in 2007, a large majority (78 percent) of Arizona dental providers surveyed in 2006 (N =729 or 98 percent of all AHCCCS providers) said they did not provide dental services to special needs children because they did not have adequate training (40 percent), did not feel it was compatible with the environment of their practices (38 percent), or did not receive enough reimbursement to treat these patients (19 percent). The Provider survey report recommended more training for providers to work with Special Needs Plans (SNP), collaborating with the Arizona Dental Association (ADA) and the Arizona Department of Health Services (ADHS) to increase the number of providers who accept young children.

Child Safety

All children deserve to grow up in a safe environment. Unfortunately, not all children are born into a home where they are well nurtured and free from parental harm. Additionally, some children are exposed to conditions that can lead to preventable injury or death, such as excessive drug/alcohol use by a family member, accessible firearms, or unfenced pools.

Child Abuse and Neglect

In any given year, more than three million child abuse and neglect reports are made across the United States, but most child welfare experts believe the actual incidence of child abuse and neglect is almost three times greater, making the number closer to 10 million incidents each year. In 2006, 3.6 million referrals were made to Child Protective Service agencies (CPS) nationally, involving more than 6 million children. While 60 percent of these referrals were determined to be “unsubstantiated” according to CPS criteria and only 25 percent of cases resulted in a substantiated finding

of neglect or abuse, research continues to show that the line between a substantiated or unsubstantiated case of abuse or neglect is too often determined by: a lack of resources to investigate all cases thoroughly; lack of training for CPS staff, where employee turnover rates remain high; and a strained foster care system that is already beyond its capacity and would be completely overwhelmed by an increase in child removals from families. Regrettably, across the nation the youngest children suffer from the highest rates of neglect and abuse:

- **Birth to one year** 24 incidents for every 1,000 children
- **One to three years** 14 incidents for every 1,000 children
- **Four to seven years** 14 incidents for every 1,000 children
- **Eight to 11 years** 11 incidents for every 1,000 children

Child abuse and neglect can produce significant damaging affects to the developing brains of young children with devastating consequences to their capacity to learn. Direct negative academic outcomes (such as low academic achievement; lower grades, lower test scores, learning difficulties, language deficits, poor schoolwork, and impaired verbal and motor skills) have also been documented. Furthermore, child abuse and neglect have a direct relationship to physical outcomes such as ill health, injuries, failure to thrive, somatic complaints, and stress.⁴⁸ According to the National Scientific Council on the Developing Child, studies indicate that stress that results from abuse and neglect can have an adverse impact on brain architecture. In the extreme, such as in cases of severe, chronic abuse, toxic stress may result in the development of a smaller brain. Less extreme exposure to toxic stress can change the stress system so that it responds at lower thresholds to events that might not be stressful to others, thereby increasing the risk of stress-related physical and mental illness.⁴⁹

According to overall child well-being indicators, in 2005 Arizona ranked 36th out of the 50 states, with child abuse and neglect a leading reason for the state's poor ranking. In the following year, Arizona's Child Fatality Review Board issued its annual report for 2005, which showed that 50 Arizona children died from abuse or neglect. Contributing factors in these deaths included caretaker drug/alcohol use (31 percent), lack of parenting skills (31 percent), lack of supervision (27 percent), a history of maltreatment (20 percent) and domestic violence (15 percent). Only 11 percent of the children who died had previous Child Protective Services involvement.

During the reporting period of April 2007 through September 2007, the statewide Child Abuse Hotline received 18,078 reports of child maltreatment. Two hundred two (202) of those reports were within the jurisdiction of the military or tribal governments and were transferred to those jurisdictions. Of the remaining 17,876 reports, only 14,779, of them were subject to substantiation (3,079 were considered "potential risk" and are not subject to substantiation). Of this number, approximately 1,011 or 7

48 Augoustios, M. Developmental effects of child abuse: A number of recent findings. *Child Abuse and Neglect*, 11, 15-27; Eckenrode, J., Laird, M., & Doris, J. *Maltreatment and social adjustment of school children*. Washington DC, U. S. Department of Health and Human Services; English, D. J. The extent and consequences of child maltreatment. *The Future of Children, Protecting Children from abuse and neglect*, 8, 39-53.; Lindsey, D. *The welfare of children*, New York, Oxford University Press, 2004; National Research Council, *Understanding child abuse and neglect*. Washington DC: National Academy Press; Osofsky, J. D. The impact of violence on children. *The Future of children*, 9, 33-49.

49 Excessive Stress Disrupts Architecture of the Developing Brain, National Scientific Council on the Developing Child, Retrieved, July, 2008 http://www.developingchild.net/pubs/wp/Stress_Disrupts_Architecture_Developing_Brain.pdf

percent of the total reports were considered substantiated. This rate is slightly lower than the percentage from the last two reporting periods that were at 10 percent substantiation for each period.

Child Protective Services recommends a case for substantiation when at least one of the allegations in the report of abuse or neglect is true. The numbers of reports that are considered substantiated are a subset of the total reports that were received, investigated, and closed during the reporting period. When it has been determined that sufficient conditions exist to render it no longer safe for a child to remain in their home of origin, a removal occurs and an alternative placement is sought. First consideration is given to a biological relative or a member of the child's "extended family" even if not directly related. If no options were available, the child would need to be placed in a licensed foster home or group home. Ideally, a child would be placed in a licensed home in or near his or her home community, with a family who mirrors the child's ethnic and cultural background.

The chart below provides a history of child abuse reports received and the outcome for Maricopa County. Of those reports made in Maricopa County, 6,098 were reports of neglect, followed by 3,424 reports of physical abuse, 645 reports of sexual abuse, and 117 reports of emotional abuse. Of the total abuse reports in Maricopa County, between 4 percent and 7 percent resulted in substantiation.

Child Abuse Reports, Substantiations, Removals, and Placements for Maricopa County*

	Oct 2003 - Mar 2004	Apr 2004 - Sep 2004	Oct 2004 - Mar 2005	Apr 2005 - Sep 2005	Oct 2005 - Mar 2006	Apr 2006 - Sep 2006	Oct 2006 - Mar 2007	Apr 2007 - Sep 2007
Number of reports received	11,877	11,303	10,823	10,576	10,019	9,622	9,573	10,284
Number of reports Substantiated	NA	NA	NA	NA	536	573	641	448
Substantiation rate	NA	NA	NA	NA	5%	6%	7%	4%
Number of new removals	1,847	1,947	1,888	2,080	1,954	2,013	2,013	1,988

*All data taken from Arizona Department of Economic Security Child Welfare Reports. Discrete data for "number of reports substantiated" not available in reports before Oct. 2005-Mar. 2006. Child Welfare Reports do not provide county-level data for number of children in out-of-home care on the last day of reporting period. Data for number of reports received drawn from Child Welfare Report tables labeled "Number of Reports Responded to by Type of Maltreatment and County."

In response to growing concerns over abused and neglected children in the state, Arizona governor Janet Napolitano commissioned the 2004 Prevention System Subcommittee's "Action Plan for Reform of Arizona's Child Protection System." As part of the Action Plan it was recommended that pregnant women receive better access to comprehensive prenatal care by fast-tracking health insurance processes for prenatal care, helping teenage mothers, and providing home visitation services using the existing Healthy Families model. For children up to age four, the subcommittee recommended more parent education and support especially for teenage parents and for parents of children with special needs. The committee also recommended that these parents take advantage of early childhood education opportunities through Early Head Start and Head Start and access to quality child care.

Foster Care Placements

With over one-third of the children in out of home care under the age of six, understanding where these children are being cared for is important. Families can be helped to safely care for their children in their own communities and in their own homes—if appropriate support, guidance and help is provided to them early enough. However, emergencies do arise that require the separation of a child from his or her family. At such times, every effort should be made to have the child live with caring and capable relatives or with another family within the child's own community—rather than in a restrictive institutional setting. Family foster care should be the next best alternative to a child's own home or to kinship care.⁵⁰

Foster care placement is directed toward children whose parents are perceived as unable to properly care for them. Foster care has increasingly become an important aspect of the child welfare system. The extent to which foster care is being used in different communities reflects the resources available to provide needed care to vulnerable children. In Maricopa County, there were 4,454 child placements in 2004 and that number increased to almost 5,000 in 2005 (See chart below). The majority of children in out-of-home care across the State of Arizona are either White (42 percent) or Hispanic (35 percent), followed by African American (13 percent).

Child Placements in Foster Care

	2002	2003	2004	2005	2006
Maricopa County	2004 Maricopa County: 4,454* 2005 Maricopa County: 4,939*				
Arizona	5,049**	6,208**	7,173**	7,546**	7,388**
U.S.	29%*** (154,000)	30%*** (155,000)	31%*** (158,000)	32%*** (164,000)	44%*** (131,000)

*Based on total number of children removed from the home ages birth through five years **Includes all children under the age of 18 years ***Based on total number of children removed from the home ages birth through five years Sources: The AFCAR Report; Children's Bureau, Arizona Department of Economic Security.

Problems with the foster care system have led to efforts at reform. Efforts have included new methods for keeping children safe in their own homes, provision of kinship care, and family foster care.⁵¹ The Arizona Department of Economic Security is working to embed the Casey Foundation's Family-to-Family initiative into Arizona's child welfare practice. This is a nationwide child welfare initiative, and one of the core strategies in the recruitment, development and support of resource families that focuses on finding and maintaining kinship and foster families who can support children and families in their own neighborhoods.

In cases when children cannot return safely to their parents, the Arizona Department of Economic Security helps children find safe, permanent homes through guardianship or adoption. Over the past two years, the number of finalized adoptions of children from the foster care system in the State of Arizona has increased by 46.8 percent and the number of children in permanent guardianships has increased by 11.0 percent. Despite these successes, over 2000 children remain in foster care with a case plan of adoption.

50 Family to Family Tools for Rebuilding Foster Care, A Project of the Annie E. Casey Foundation July 2001.

51 Family to Family Tools for Rebuilding Foster Care, A Project of the Annie E. Casey Foundation July 2001.

Child Mortality

The infant mortality rate can be an important indicator of the health of communities. Infant mortality is higher for children whose mothers began prenatal care late or had no prenatal care, those who did not complete high school, those who were unmarried, those who smoked during pregnancy, and those who were teenagers.⁵² Furthermore, children living in poverty are more likely to die in the first year of life. For example, children living in poverty are more likely to die from health conditions such as asthma, cancer, congenital anomalies, and heart disease.⁵³ In Arizona as well as the rest of the nation, many factors that lead to a young child's death are related to health status, such as a pre-existing health condition, inadequate prenatal care, or even the lifestyle choices of the parent. Another area of concern includes factors such as injury — unfortunately, in many circumstances, preventable injury.

The State's Child Fatality Review team identifies that the "cause of death" refers to the injury or disease resulting in the death (e.g. motor vehicle crash, pneumonia). The "manner of death" explains how the death came about. Manners of death are categorized as natural, accident, homicide, suicide, or undetermined. During 2005, there were 642 fatalities among children birth through 17 years of age in Maricopa County, 89 of which occurred in the Northwest Maricopa Region. Natural deaths (e.g. medical conditions, congenital anomalies, prematurity) accounted for 69 percent (n = 440) of all fatalities of children who resided in Maricopa County in 2005. However, 21 percent of childhood deaths here were due to an accident, and of those, nearly half were due to motor vehicle crashes. Males were disproportionately represented among child deaths with 60 percent of the deaths overall. Hispanics are over-represented among childhood fatalities accounting for 47 percent of the childhood fatalities (n=302), yet comprising only 36 percent of the population in Maricopa County.

Top Contributing Factors to Child Fatalities, Birth through 17 Years, Maricopa County, 2005

Factor	Total
Lack of Supervision	88
Drugs/Alcohol	77
Lack of Parenting Skills	34
Unsafe Bedding	32
Access to Firearms	28

Source: Child Fatality Review Report, Maricopa County 2005

Child Fatality Review Teams consider a child's death preventable if an individual or the community could reasonably have done something that would have changed the circumstances that led to the child's death. Local Child Fatality Review Teams determined that 33 percent (n = 214) of the deaths of children who resided in Maricopa County were preventable in 2005.

52 Mathews, T. J., MacDorman, M. F., & Menacker, F. Infant mortality statistics from the 1999 period linked birth/infant death data set. In *National vital statistics report* (Vol. 50), National Center for Health Statistics.

53 Chen, E., Matthews, K., & Boyce, W. T. Socioeconomic differences in children's health: How and why do these relationships change with age? *Psychological Bulletin*, 129, 2002, 29-329; Petridou, E., Kosmidis, H., Haidas, S., Tong, D., Revinthi, K., & Flytzani, V. Survival from childhood leukemia depending on socioeconomic status in Athens. *Oncology*, 51, 1994, 391-395; Vagero, D., & Ostberg, V. Mortality among children and young persons in Sweden in relation to childhood socioeconomic group. *Journal of Epidemiology and Community Health*, 43, 1989, 280-284; Weiss, K. B., Gergen, P. J., Wagener, D. K., Breathing better or wheezing worse? The changing epidemiology of asthma morbidity and mortality. *Annual Review of Public Health*, 1993, 491-513.

Children's Educational Attainment

School Readiness

Early childhood programs can promote successful school readiness, especially for children in low-income families. Research suggests, for example, that participation in early education programs for low-income children is related to improved school performance in the early years.⁵⁴ Furthermore, research indicates that when children are involved in early childhood programs over a long period, and when additional interventions are provided in the early school years, better outcomes can emerge.⁵⁵ Long-term studies have documented early childhood programs with positive impact evident in the adolescent and adult years.⁵⁶ Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.⁵⁷

Generally, child development experts agree that school readiness encompasses more than acquiring a set of simple skills such as counting to 10 by memory or identifying the letters of the alphabet. Young children prepared for school exhibit self confidence and are able to problem solve and persist at a task. While experts identify such skills as being essential to school readiness, the difficulty comes in attempting to quantify and measure these more comprehensive ideas of school readiness. Currently no instrument exists that sufficiently identifies a child's readiness for school entry. Although Arizona has a set of Early Learning Standards (an agreed upon set of concepts and skills that children can and should be ready to do at the start of kindergarten), current assessment of those learning standards have not been validated nor have the standards been applied consistently throughout the state.

One component of children's readiness for school consists of their language and literacy development. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children's knowledge related to language and literacy. One assessment that is used frequently across Arizona schools is the Dynamic Indicators of Basic Early Literacy Skills (DIBELS). The DIBELS is used to identify children's reading skills upon entry to school and to measure their reading progress throughout the year. The DIBELS often tests only a small set of skills around letter knowledge without assessing other areas of children's language and literacy development such as vocabulary or print awareness.

The results of the DIBELS assessment should not be used to assess children's full range of skills and understanding in the area of language and literacy. Instead, it provides a snapshot of children's learning as they enter and exit kindergarten. Since not all schools administer the assessment in the same manner, comparisons across

54 Lee, V. E., Brooks-Gunn, J., Shnur, E., & Liaw, F. R. Are Head Start effects sustained? A longitudinal follow-up comparison of disadvantaged children attending Head Start, no preschool, and other preschool programs. *Child Development*, 61, 1990, 495-507; National Research Council and Institute Medicine, *From neurons to neighborhoods: The science of early childhood development*; Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. *Developmental Psychology*, 30, 1994, 787-804.

55 Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. *Developmental Psychology*, 30, 1994, 787-804.

56 Campbell, F. A., Pungello, E. P., Miller-Johnson, S., Burchinal, M., & Ramey, C. T. The development of cognitive and academic abilities: Growth curves from an early childhood educational experiment. *Developmental Psychology*, 37, 2001, 231-242

57 Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., et al *The children of the cost, quality, and outcomes study go to school: Technical report*, 2000, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

communities cannot be made. In the specific area of language and literacy development assessed, the data in the following chart indicate that only a small percentage of children entering kindergarten were meeting the benchmark standard but at the end of the year, significant progress was made.

Basic Early Literacy as Measured by DIBELS

SFY 2006-2007 Kindergarten DIBELS AZ Reading First Schools						
	Beginning of the Year			End of the Year		
	Percent Intensive	Percent Strategic	Percent Benchmark	Percent Intensive	Percent Strategic	Percent Benchmark
AZ Reading First Schools	52	35	13	10	12	78
Northwest Maricopa Schools*						
Dysart Unified	47	35	17	10	10	80
Glendale Elementary	54	35	11	9	9	82
Aguila	80	20	0	10	10	80
Wickenburg	41.7	36.7	21.7	1.7	3.3	95
Pendergast Elementary**	46.4	39.7	13.8	7.5	8.4	84.1

*From the DIBELS assessments available, within the Northwest Maricopa RPC. **Pendergast Elementary School District has three schools in Northwest Region.

Elementary Education

Children who cannot read well by fourth grade are more likely to miss school, experience behavior problems, and perform poorly on standardized tests. The performance of Arizona's children on standardized tests continually lags behind that of the nation. Only 56 percent of Arizona's fourth graders scored "at basic" or better on the 2007 National Association of Educational Procurement (NAEP) Reading Assessment, compared with a national average rate of 67 percent. The percentage of Arizona fourth graders achieving "at basic" or better on the NAEP Math Assessment increased dramatically from 57 percent in 2000 to 74 percent in 2007, but Arizona's fourth graders still score 8 percent below the national rate of 82 percent. The NAEP is a standardized means for measuring educational progress in the core subject areas beginning in the fourth grade. The NAEP is one of the earliest comprehensive assessments used with students all over the United States and it can provide helpful insights into how well students are progressing through the core subject areas and where groups of students (gender, ethnicity, income, geographic regions) may be systematically experiencing delays in their progress. The NAEP is administered to a sample of fourth grade students and data at the regional level was not available to include at the time of printing this report.

Data is available for the Northwest Maricopa region on the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA). The AIMS DPA is used to test Arizona students in Grades three through 8. This assessment measures the student's level of proficiency in Writing, Reading, and Mathematics and provides each student's national percentile rankings in Reading/Language and Mathematics. In addition, Arizona students in Grades four and eight are given a Science assessment.⁵⁸

The chart below shows a complex picture of how each school district in the Northwest Maricopa Region performs.

Northwest Maricopa AIMS DPA Third Grade Score Achievement Levels in Mathematics, Reading, and Writing, 2007

School District	Mathematics				Reading				Writing			
	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
Arizona	9	17	54	20	6	23	59	13	5	13	66	16
Northwest Maricopa Schools												
Dysart Unified #89	9	17	58	16	5	23	60	11	5	10	66	19
Glendale Elementary #40	15	21	51	13	11	33	50	6	7	20	60	13
Morristown Elementary #75	11	26	63	0	5	21	74	0	0	26	68	5
Nadaburg Elementary District	22	16	47	15	14	24	51	11	8	19	66	7
Pendergast Elementary District	11	22	55	11	9	26	59	6	7	19	65	9
Peoria Unified #11	7	14	55	24	4	19	63	14	3	10	68	8
Wickenburg Unified	7	13	67	13	1	17	67	15	1	2	68	29

Arizona Department of Education AIMS Spring 2007 Grade 03 Summary

FFB = Falls Far Below the Standard, A = Approaches the Standard, M = Meets the Standard, and E = Exceeds the Standard

Secondary Education

The completion of high school is a critical juncture in a young adult's life. Students who stay in school and take challenging coursework tend to continue their education, stay out of jail, and earn significantly higher wages than their non-graduating counterparts.⁵⁹ As the chart on schools in the Northwest Maricopa Region show, high school graduation rates vary by school district and year of graduation. Compared with the state and national data, the schools in the Northwest Maricopa Region have higher graduation rates—sometimes by a large amount.

Graduation Rates for Northwest Maricopa: 2006 / 2005 / 2004

2006 NW Maricopa HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Dysart Unified (N=2)	532	664	80%
Peoria Unified (N=6)	2306	2469	93%
Glendale Union (N=10)	2574	3076	84%
Wickenburg Unified (N=2)	119	155	77%
Arizona*	50,355	71,691	70%

59 Sigelman, C. K., & Rider, E. A., *Life-span development*, 2003, Pacific Grove, CA: Wadsworth.

2005 NW Maricopa HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Dysart Unified (N=1)	324	387	84%
Peoria Unified (N=5)	1877	2054	91%
Glendale Union (N=10)	2527	2854	89%
Wickenburg Unified (N=2)	135	206	66%
Arizona*	50,923	68,498	74%
United States**	2,799,250	3,747,323	75%

2004 NW Maricopa HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Dysart Unified (N=1)	260	479	54%
Peoria Unified (N=5)	2210	2379	93%
Glendale Union (N=10)	2605	2947	88%
Wickenburg Unified (N=1)	124	151	82%
Arizona*	47,071	61,450	77%
United States**	2,753,438	3,705,838	74%

* Arizona Department of Education ** National Center for Education Statistics



Current Regional Early Childhood Development and Health System

Quality

Families deserve choices. Every child residing in Northwest Maricopa should be afforded the opportunity to receive care and education in a high-quality setting that promotes optimal growth and development. During the past 15 years, considerable research on brain development has demonstrated how important the first years of life are to a child's growth, readiness for school, and success throughout life. For children who spend much of their time in care settings outside of the home, opportunities to stimulate learning and curiosity in their early care and education environments is crucial. Research shows that children who participate in high-quality programs begin school with higher reading skills, better test scores, and fewer behavioral problems. These are the very skills they need to be ready to succeed.

Conversely and perhaps even more important, mediocre or low-quality early care and education can have the opposite effect. Children attending programs not considered high quality could have poor intellectual and social development.⁶⁰ Understanding the effects of early care and education quality is vital in developing an early childhood system that produces positive outcomes for children's growth and development.

However, quality care is difficult to find in Arizona because many of the settings throughout the state do not meet what national experts describe as necessary to promote positive outcomes. Although the actual level of quality in Arizona early care and education settings cannot be fully determined, most programs strive only to meet the regulations required for obtaining a license. These requirements are minimal in Arizona and do not include issues of quality such as optimal adult to child ratios, maximum group sizes, highly skilled personnel, or nurturing and engaging environments. Because these licensing requirements are minimal and do not factor in quality practices, many of Arizona's children are cared for in settings where quality is poor.

Families throughout the state recognize the need for high-quality early care and education, but struggle to locate care that meets even basic health and safety standards. Ensuring children have quality experiences is a high priority for Arizona communities, and although some settings exist which meet high-quality expectations, they are not equitably available to all Arizona children.

Early childhood experts have outlined the attributes of high quality that lead to positive outcomes. Characteristics of a high-quality program include:

- High staff to child ratios
- Small group sizes (the maximum number of children in a group, regardless of the number of adult staff)
- Directors and teachers with high levels of experience, training, and education

⁶⁰ Child Care Action Campaign. (1996). *Good quality child care: A dramatic opportunity to promote learning and prevent damage in our youngest children*. Washington, DC: Child Care Action Campaign.

- Environments that encourage children to explore, develop curiosity, and actively participate in their learning
- Staff members who nurture and engage children in a variety of learning experiences
- Administrative practices that support effective staff development, supervision, and leadership
- Parent involvement that is encouraged and supported
- Environments and practices that maintain children's health and safety

Accredited Early Childcare Centers

Another attribute of a high-quality early care and education program is the attainment of a nationally recognized accreditation. Families in Arizona have limited choices when searching for care that is accredited, and therefore, considered higher quality. The National Association for the Education of Young Children (NAEYC) is considered by those in the early childhood education field to be the gold standard in accreditation for center-based settings. The National Association for Family Child Care (NAFCC) accredits family childcare settings. Few programs in Arizona have received NAEYC or NAFCC accreditation. Most center-based programs that have been accredited are located in public school settings with limited space and limited eligibility.

Too few accredited programs are available to provide equitable opportunities for all Arizona's children to receive high-quality care. Licensing standards that provide only a minimal set of health and safety requirements do not address the quality issues that research indicates are of utmost importance. Low ratios of licensing surveyors to the number of programs licensed result in ineffective and untimely monitoring of basic health and safety standards.

The tables below present the number of accredited early care and education centers, and the number of children served in these accredited centers, along with a snapshot of staff to student ratios in the centers. In this first Needs and Assets Report for the Northwest Maricopa Regional Partnership Council, some data related to centers was not available.

Currently no commonly agreed upon or published set of indicators of quality for Early Care and Education in Arizona exist. One of the tasks of First Things First will be to develop a Quality Improvement and Rating System with these common indicators of quality. Until this Rating System is available statewide, this report presents for the Northwest Maricopa Regional Partnership Council an initial snapshot of quality in the Region through the nationally accredited organizations approved by the Arizona State Board of Education.

- Association Montessori International/USA (AMI),
- American Montessori Society (AMS)
- Association of Christian Schools International (ACSI)
- National Accreditation Commission for Early Care and Education (NAC)
- National Association for the Education of Young Children (NAEYC)

- National Association for Family Child Care (NAFCC)
- National Early Childhood Program Accreditation (NECPA)

The Northwest Maricopa Region has 26 accredited early childhood programs. One AMI/AMS recognized Montessori School; eight NAC accredited preschool programs, one preschool program accredited by NECPA, and sixteen NAEYC programs. Most of the NAEYC accredited programs serve particular populations. Among these programs are two Head Start sites; one school district based special needs early childhood program, 11 school district programs, and a Center for Health Impaired Children (CHIC) special needs program. Accredited programs and Head Start programs, which are monitored regularly for meeting national standards, account for 20 percent of center-based care.

Northwest Maricopa - Number of Accredited Early Care and Education Centers

	AMI/ AMS	ASCI	NAC	NAEYC	NECPA	NAFCC Homes
Number of Accredited Centers	1	0	8	16	1	0

Sources: NAEYC, AMI, AMS, ASCI, NAC, NECPA, NAFCC, lists of accredited providers.

AMI Recognition Schools List

AMS Accredited Montessori Schools List <http://www.amshq.org/schoolExtras/accredited.htm>

ADHS Licensed Child Care List <http://www.azdhs.gov/als/childcare/>

ACSI Schools and Accredited Schools <http://www.acsi.org/web2003/default.aspx?ID=1630&>

NAC Accredited Centers <http://www.naccp.org/displaycommon.cfm?an=1&subarticlenbr=78>

NAEYC http://www.naeyc.org/academy/search/Search_Result.asp

NAFCC Accredited Family Child Care Providers <http://nafcc.fmdatabase.com/fmi/iwp/cgi?db=accreditationsearch.fp7&-loadframes>

ECPA <http://www.necpa.net/AccreditedPrograms.htm>

Ratios and Group Sizes

In addition to offering accreditation to early care and education programs, the National Association for the Education of Young Children (NAEYC) is involved in developing position statements around significant early childhood development issues. One area in which NAEYC has published recommendations for the industry is in group sizes and staff to child ratios, since these factors have been shown to be significant predictors of high quality. NAEYC recommendations are reflected in the chart below.⁶¹

NAEYC Staff to Child Ratio Recommendations	Group Size									
	6	8	10	12	14	16	18	20	22	24
Infants (0-15 months)	1:3	1:4								
Toddlers (12-28 months)	1:3	1:4	1:4	1:4						
Toddlers (21-36 months)		1:4	1:5	1:6						
Pre-school (2.5 to 3 years)				1:6	1:7	1:8	1:9			
Pre-school (4 years)						1:8	1:9	1:10		
Pre-school (5 years)								1:10	1:11	1:12

Source: NAEYC Accreditation Criteria

⁶¹ NAEYC standards here are used to provide a context for high standards. It is not presumed that all centers should become NAEYC accredited

A telephone survey was conducted with accredited centers in the Northwest Maricopa Region in June 2008. Seventeen surveys (65 percent of all accredited centers) were completed. According to the NAEYC standards, the staff to child ratios among accredited providers in the Northwest Maricopa Region is greater than recommended for all age groups, except toddlers, as shown in the following table.

SWI Survey of Accredited Centers in Northwest Maricopa.

Regional Data for 2008	Accredited Centers
Number of Programs surveyed	17
Number of Children Enrolled (Avg. per program)	64-65
Ratios	
Infant-Toddler Staff to Child Ratio (Avg.)	1:6
Two –Three Year Olds	1:11
Three –Four Year Olds	1:12
Preschoolers staff to Child Ratio (Avg)	1:15

Sources: Southwest Institute telephone survey with 1098 total children enrolled in seventeen (17) accredited centers, 2008.

Access

Family demand and access to early care and education is a complex issue. Availability and access are influenced by, but not limited to factors such as: number of early care and education centers or homes that have the capacity to accommodate young learners; time that families have to wait for an available opening; ease of transportation to the care facility; and the cost of the care. Data related to waiting lists is not currently available but will be a goal for future data acquisition. For the current Needs and Assets report for the Northwest Maricopa Region, available data include: number of early care and education programs by type, number of children enrolled in early care and education by type, and average cost of early care and education to families by type.

Number of Early Care and Education Programs

Numerous types of early care and education centers are located throughout the Northwest Maricopa Region, indicating that working parents have choices among types of care providers. However, available data does not indicate if parents in the Northwest Maricopa Region have *quality* choices for care for their children.

The table below presents the number of children enrolled in early care and education programs by type in the Northwest Maricopa Region. Please note, the following numbers do not account for children cared for in unregistered or regulated care, or in care that is provided by family or friends.

Northwest Maricopa: Number of Early Care and Education Programs by Type*			
Licensed centers	Small groups homes	Approved family child care homes	Providers registered with the Child Care Resource and referral**
170	22	131	32

Source: DES Child Care Market Rate Survey 2006 *Licensed centers include all types of DHS licensed care: full-day, pre-school part-day, special needs programs, Head Start part-day and full-day centers, and school district part-day preschool and fee-based full-day care. DHS licensed small group homes have a 10 child maximum; DES approved family child care homes, food program approved homes, and CCR&R registered homes have a 4 child maximum. ** Child Care Resource and Referral Column consist ONLY of providers not listed under previous columns.

The Department of Economic Security's (DES) 2006 Child Care Market survey provides information on a range of child care settings statewide. For this report, data sets were analyzed by zip code to identify which early care and education providers were accessible in each *First Things First* Region. Only providers in the geographical boundaries of the Northwest Maricopa Region are included. These data do not include all providers that are accessible to families in the Northwest Maricopa Region.

Four types of providers are designated in the chart above: licensed centers, group homes, approved family child care homes, and providers registered with the Child Care Resource and Referral service. Licensed centers have been granted the ability to operate a safe and healthy child care center by the Arizona Department of Health Services (ADHS). Small group homes are also licensed by the ADHS to operate safe and healthy child care homes. Approved family child care homes are either certified or regulated by the Arizona Department of Economic Security (DES) to provide care, or are approved by agencies to participate in the Arizona Department of Education Child and Adult Care Food Programs (CACFP).

Licensure or certification by the Departments of Economic Security or Health Services ensures completion of background checks of all staff or child care providers, and monitors staff training hours related to early care and education, including basic first aid and CPR. Additionally, periodic inspections and monitoring ensure that facilities conform to basic safety standards. While licensure and regulation by the Departments of Economic Security and Health Services are a critical foundation for the provision of quality care for young children, these processes do not address curricula, interaction of staff with children, processes for identification of early developmental delays, or professional development of staff beyond minimal requirements. These important factors in quality care and parent decision-making are provided *only* with national accreditation (see discussion in the section on Quality) and will be included in First Things First's forthcoming Quality Improvement and Rating System, Quality First!

The Department of Economic Security's 2006 Child Care Market Rate Survey provides information on a range of fee-paying child care settings, including licensed centers that provide fee-paying child care, Head Start programs and district programs with fee-paying wraparound care, small group homes, family child care providers certified by DES and those approved by agencies for the Child and Adult Care Food Program (CACFP), including otherwise unregulated providers who register to be listed with the resource and referral agency as available child care. This source is particularly useful for understanding approved and unregulated family child care and child care for working parents. However, it does not provide information about Head Start and district programs that *do not* charge fees.

Statewide data from the Market Rate Survey can be supplemented with data from Child Care Resource and Referral data. Not only does Child Care Resource and Referral provide additional data on providers, these data are more frequently updated than that of the Market Rate Survey. Data in the Child Care Resource and Referral database is most commonly related to child care centers and family child care homes. Registration with Child Care Resource and Referral is voluntary; however, those centers and homes receiving Department of Economic Security subsidy or regulation are required to register.

Information provided by the Child Care Resource and Referral includes, but is not limited to: type of care provider, license or regulation information, total capacity, total vacancies, days of care, and rates for care. Because registration is voluntary, not all care providers report all information.

Number of Children Enrolled in Early Care and Education Programs

The table below presents the number of children enrolled in early care and education programs by type in the Northwest Maricopa Region. These numbers do not account for children cared for in unregulated care, by kin, or who are in need of care but do not have access to it.

Northwest Maricopa County

Number of Children Enrolled in Early Care and Education Programs by Type

	Licensed Centers	Group homes	Approved Family Child Care Homes	Providers registered with the Child Care Resource and Referral**	Total
Approved capacity*	19,115	246	708	146	20,215
Average daily reported number served	13,055	22	564	66	13,917

Source: DES Child Care Market Rate Survey 2006

*Capacity refers to the total capacity of a physical site and does not necessarily reflect the size of the actual program in that site.**Providers counted under Child Care Resource and Referral Column consist ONLY of providers not listed under previous columns.

In June 2008, Southwest Institute (SWI) conducted a survey of all accredited centers (17 of 26 centers) and a random selection of all other sites (22 percent completed) to determine percentage of enrollment capacity. According to the results of the SWI survey conducted with 48 randomly selected early childhood education centers in the region, the number of children enrolled in these centers is 3,674, which represents 91 percent of the total capacity.

With over 38,000 children ages birth through five in the region and a growth rate among that population of 33 percent between 2000 and 2006, a 9 percent poverty rate for households, a large number of working families, and only 13,917 children (28 percent) in all types of care and education programs, it appears that not enough early care and education programs of any type exist for working parents and those who wish or need a development program for their children. Further, the majority of care for working families still takes place in informal or unregulated settings.

Costs of Care

Cost of care in the Northwest Maricopa Region must also be considered when reviewing issues of access. Some families may need to spend as much as one-third of their income on child care for a single child. For young families, working parents, and especially low-income families, the cost of care and education, let alone high-quality care, is unaffordable.

The table below presents the average cost for families, by type, of early care and education. These data were collected in the Arizona Department of Economic Security's Market Rate survey, by making phone calls to care providers asking for the average charge for care for different ages of children. In general, it can be noted that care is more expensive for younger children. Infant care is more costly for parents, because ratios of staff to children are usually lower. Clearly, these costs present challenges for families, especially those at the lowest income levels. Understanding these costs begins to paint a picture of how family choices in early care are determined almost exclusively by financial concerns rather than concerns about quality of care and education provided.

In the Northwest Maricopa Region, child care rates are most expensive for licensed centers when compared with other settings. Costs for infants show the greatest difference by type, at over \$11 more per day for a licensed center compared with group or certified homes.

Average Costs of Early Care and Education

Setting Type & Age Group	Maricopa County Northwest (2006)	Arizona (2008)	U.S. (2008)
Group Homes (ADHS) <ul style="list-style-type: none"> • Infant • Toddler • Preschooler 	\$26.21 per day \$24.55 per day \$24.55 per day	Data not available	
Licensed Centers (ADHS) <ul style="list-style-type: none"> • Infant • Toddler • Preschooler 	\$35.72 per day \$32.21 per day \$24.55 per day	\$7,974 per year** \$6,390 per year	\$9,567 per yr \$7,084 per yr
In-Home Care <ul style="list-style-type: none"> • Infant • Toddler • Preschooler 	\$25.00 per day \$25.00 per day \$25.00 per day	Data not available	
Certified Homes (DES) <ul style="list-style-type: none"> • Infant • Toddler • Preschooler 	\$24.72 per day \$23.21 per day \$21.67 per day	\$6,148 per year	\$6,505 per yr.
Alternately Approved Homes (food programs) <ul style="list-style-type: none"> • Infant • Toddler • Preschooler 	\$20.83 per day \$19.54 per day \$18.73 per day	Data not available	
Unregulated Homes (CCR & R) <ul style="list-style-type: none"> • Infant • Toddler • Preschooler 	\$26.97 per day \$26.10 per day \$25.65 per day		

**Assumes full-time enrollment. Sources: 2006 DES Market Rate Study; 2008 rates were obtained from SWI ECE Centers; survey results conducted with 48 randomly selected ECE centers in the region

As with many other services, cost of early care and education often is directly related to the quality of care. Providers of care and education struggle with the balance of providing a service for the market rate and affordability level for families. Increased quality often requires more employees, higher qualifications, increased training, and better employee compensation. These are expensive business practices and demand increased compensation to the child care or program provider — costs that are typically a heavy burden for families with young children.

Additional Indicators of Interest to the Northwest Maricopa Regional Partnership Council

In addition to the assets listed above, this region is served by nine elementary school districts and seventeen charter schools. The distribution by community is as follows:

Community	Number of Elementary Schools	Schools by School District
Glendale	30	14 by Glendale Unified School District 12 by Deer Valley School District 3 by Pendergast School District 1 by Alhambra School District
Peoria	22	20 by Peoria School District 2 by Deer Valley School District Peoria School District provides 1 elementary school within the Sun City boundary.
Surprise	12	12 by Dysart School District
El Mirage	3	3 by Dysart School District
Waddell	1	1 by Dysart School District
Wickenburg	1	1 by Wickenburg School District
Wittmannn	1	1 by Nadaburg School District
Aguila	1	1 by Aguila School District

Source: Arizona Department of Education

According to SWIfT® Resources of Arizona, the First Things First Northwest Maricopa Region has 289 kindergarten classes, 34 preschool, four developmental preschools and one pre-kindergarten class as itemized for the Valley of the Sun United Way report, *Steps Toward Caring Communities*. The current Northwest Maricopa Region also has 20 before and after school programs at elementary schools, which are essentially child care and family support programs for working families. These programs are significant assets and are sponsored by the Deer Valley, Glendale, Alhambra, Peoria, and Dysart School Districts.

The following chart presents information for the Northwest Maricopa Region on preschool enrollment by disability.

Northwest Maricopa Region Preschool Enrollment by Disability⁶²

School District	HI	PMD	PSD	PSL	VI	Total
Glendale Elementary School District	-	38	34	61	-	135
Dysart Unified District	-	127	49	82	-	258
Peoria Unified School District	-	101	81	184	-	370
Deer Valley School District estimate	-	*1/2 - 65	*1/2 - 42	*1/2 - 84	-	*1/2 - 194
Total		231	206	411		957

Source: Arizona Department of Education * 1/2: Deer Valley School District has 29 elementary schools, 14 of which are in the Northwest Region.

Key

HI = Hearing Impaired

PMD = Preschool Moderate Delay

PSD = Preschool Severe Delay

PSL = Preschool Speech & Language Delay

VI = Visually Impaired

In the Northwest Maricopa Region, from May 2007 to April 2008, 27,675 children from birth through age five years received 369,743 units of service from DES Child Care Subsidy, totaling \$8,378,092.12. This data is one of the few sources available at the community level and is one indicator of participation in child care across the region.

DES Subsidy Community Allocations (2007-2008)

Community*	Children	Funding	Number of Units
Glendale: 85301, 85303, 85305, 85308, 85310	14,811	\$4,684,000.49	206,486
Peoria: 85345, 85381, 85382, 85383	3,873	\$1,079,772.17	49,354
Surprise: 85374, 85379, 85387, 85388	4,856	\$1,454,561.60	61,835
Wickenburg: 85390	778	\$249,034.04	10,462
Sun City West: 85375	9	\$1,270.02	134
Sun City: 85351, 85373	41	\$6,811.58	722
El Mirage: 85335	2888	\$819,211.98	36,634
Waddell: 85355	43	\$8,947.40	433
Youngtown: 85363	376	\$74,482.84	3683
Total:	27,675	\$8,378,092.12	369,743

Source: Department of Economic Security. *No allocations were noted for Aguila, Morristown, and Wittmann.

62 Note: Data listed is estimated; data provided are divided by 2 - half the number stated to provide a range of children enrolled in preschool by disability. Glendale Elementary School District data were provided; 14 of the 16 schools are located within the Northwest Region. Data were not provided for Wickenburg School District; numbers were not included for Alhambra, Pendergast and Nadaburg due to the small number of elementary schools located in the region.

Health

For families and their children, good health, beginning with a healthy birth is an essential element integrally related to their learning, social adjustment and safety. Healthy children are ready to engage in the developmental tasks of early childhood and to achieve the physical, mental, intellectual, social, and emotional well-being necessary for them to succeed when they reach school age. Children's healthy development benefits from access to preventive, primary, and comprehensive health services that include screening and early identification for developmental milestones, vision, hearing, oral health, nutrition and exercise, and social-emotional health. Access to health insurance is also an essential element to support the health of children. Research shows that children who are covered by health insurance are more likely to receive the range of health care services that will support their healthy growth and development.

Prenatal Care and Healthy Births

Women who receive prenatal care in the first trimester of a pregnancy are more likely to give birth to healthy babies. The American College of Obstetricians and Gynecologists recommends that prenatal care begin in the first three months of pregnancy and continue throughout the pregnancy with at least 13 visits. For the last three years, approximately one quarter all Arizona women giving birth had the recommended 13+ prenatal visits and the trend for this indicator is at least heading in the right direction. The percent of Arizona women who had no care has remained constant at 3 percent and is somewhat lower than the percent of all U.S. women delivering with no care. Many barriers that pregnant women experience result in delayed or inconsistent prenatal care. Some of these include low income, lack of health care coverage, and distance from prenatal care providers, lack of knowledge and experience with the health care system, stress, and domestic violence.⁶³

A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which a baby develops physically, mentally and emotionally into a curious and energetic young child. Babies who weigh less than 5 pounds, 8 ounces at birth are more likely to have health complications at birth and later in life. Low birth weight is influenced by many factors including pre-term births (birth before 39 weeks). Pre-term birth accounts for nearly one-half of all congenital neurological defects such as cerebral palsy, and more than two-thirds of infant deaths.^{64 65}

However, young age of the mother, smoking during pregnancy, and alcohol and drug use are also risk factors that may result in low birth weight. Babies born to teenagers, especially those 17 years and younger are more likely than women in their 20s and 30s to give birth to a baby with low birth weight. Furthermore, among pregnant women, teens are less likely to begin prenatal care in the first three months of pregnancy and to have the recommended number of prenatal care visits.

Women who smoke during pregnancy are at greater risk for premature births, low

63 <http://www.cdc.gov/reproductivehealth/products&pubs/datatoaction/pdf/rhow8.pdf>

64 Goldenberg RL, Rouse DJ. Prevention of premature birth. *N Engl J Med* 339(5):313–20. 1998.

65 Johnson RB, Williams MA, Hogue CJR, Mattison DR. Overview: New perspectives on the stubborn challenge of pre-term birth. *Pediatric Perinatal Epidemiology* 15(Suppl.2):3–6. 2001.

birth-weight babies, stillbirths, infant mortality, and other complications. Data show that young women ages 17- 19 are more likely to use tobacco before and during pregnancy thus also increasing the risks of low birth weight. Low birth weight is but one of the many adverse effects on a babies before and after birth when pregnant women use alcohol and other drugs during pregnancy.

Coordination of city, county and state services is needed as well as further research at the state and national level on the factors contributing to poor birth outcomes. Services to assist women to prepare for a healthy pregnancy before they become pregnant is a worthy goal to support healthy births. When women do become pregnant, information, education, and support is needed to help them receive the support and care they need to use early and continuous prenatal care and adopt a healthy lifestyle free from tobacco, alcohol, or other substance use.

Oral Health

Good oral health begins during the prenatal period with a pregnant woman's access to good oral health care for herself. Following birth, parents support their baby's good oral health by keeping gums clean, and scheduling a first oral health visit by age one. Healthy eating, tooth brushing, and oral health checks work together to prevent dental disease and tooth decay that not only affects the health of children into adulthood, but also can cause pain and discomfort that interferes with learning.

Developmental Screening

Early identification of developmental or health delays is crucial to ensuring children's optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics recommends that all children receive a developmental screening at 9, 18, and 24 months with a valid and reliable screening instrument. Providing special needs children with supports and services early in life leads to better health and better outcomes in school, and opportunities for success and self-sufficiency into adulthood. Research has documented that early identification of and early intervention with children who have special needs can lead to enhanced developmental outcomes and reduced developmental problems.⁶⁶ For example, children with autism, identified early and enrolled in early intervention programs, show significant improvements in their language, cognitive, social, motor skills, and future educational placement.⁶⁷

Parents' access to services is a significant issue, as parents may experience barriers to obtaining referrals for young children with special needs. This can be an issue if, for example, an early child care provider cannot identify children with special needs correctly.⁶⁸

While recommended, all Arizona children are not routinely screened for developmental delays although nearly half of parents nationally have concerns about their

66 Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). *Early intervention for children with special needs and their families: Findings and recommendations*. 1981, Westat Series Paper 11, University of Washington; Maisto, A. A., German, M. L. Variables related to progress in a parent-infant training program for high-risk infants. 1979, *Journal of Pediatric Psychology*, 4, 409-419.; Zeanah, C. H. *Handbook of infant mental health*, 2000, New York: The Guildford Press.

67 National Research Council, Committee on Educational Interventions for Children with Autism, Division of Behavioral and Social Sciences and Education. *Educating children with autism*. Washington, DC: National Academy Press; 2001.

68 Hendrickson, S., Baldwin, J. H., & Allred, K. W. Factors perceived by mothers as preventing families from obtaining early intervention services for their children with special needs, *Children's Health care*, 2000, 29, 1-17.

young child's behavior (48 percent), speech (45 percent), or social development (42 percent).⁶⁹ Children most likely to be screened include those that need neonatal intensive care at birth. These babies are all referred for screening and families receive follow-up services through Arizona's High Risk Perinatal Program administered through county health departments.

Every state is required to have a system in place to find and refer children with developmental delays to intervention and treatment services. The federal law, Individuals with Disabilities Education Act (IDEA), governs how states and public agencies provide early intervention, special education, and related services. Infants and toddlers with disabilities (birth to age three) and their families receive early intervention services under IDEA Part C. Children and youth (ages three-21) receive special education and related services under IDEA Part B. Medically necessary intervention services may be provided through AHCCCS or the Arizona Division for Developmental Delays (DDD) within the Department of Economic Security.

In Arizona, one of the system components that services eligible infants and toddlers includes the Arizona Early Intervention Program (AZEIP). Eligible children have not reached 50 percent of the developmental milestones expected at their chronological age in one or more of the following areas of childhood development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. Identifying how many children are provided services prior to reaching kindergarten is an important first step in understanding how well a community's screening and identification process is working. Additionally, the number of children being served provides initial information as to the demand for service providers who work with young children.

The following chart shows the number of AZEIP services for children birth through five for children throughout Maricopa County.

Children Birth to Three Years Receiving Developmental Services in Maricopa County

Service Received According to Age Group*	2005	2006
AZEIP Screening birth-12 months	276 (0.46%)	311 (0.49%)
AZEIP Screening 13-36 months	2,501 (1.39%)	2,810 (1.49%)

*The AZEIP data are only available at the county level.

Source: Arizona Early Intervention Program, Arizona Department of Health Services.

Many challenges face Arizona's early intervention and special education programs with relation to the program's ability to reach and serve children and parents. Speech, Physical, and Occupational Therapists are in short supply and more acutely so in some areas of the state than others. Families and health care providers are frustrated by the tangle of procedures required by both private insurers and the public system. These problems will require the combined efforts of state and regional stakeholders to arrive at appropriate solutions.

While longer-term solutions to the therapist shortage are developed, parents can be primary advocates for their children to assure that they receive appropriate and timely developmental screenings according to the schedule recommended by the

69 Inkels, M., Regalado, M., Halfon, N. Strategies for Integrating Developmental Services and Promoting Medical Homes. Building State Early Childhood Comprehensive Systems Series, No. 10. National Center for Infant and Early Childhood Health Policy. July 2005.

Academy of Pediatrics. In addition, any parent who believes their child has delays can contact the Arizona Early Intervention Program or any school district and request that their child be screened. Outreach, information and education for parents on developmental milestones for their children, how to bring concerns to their health care provider, and the early intervention system and how it works, are parent support services that each region can provide. These measures, while not solving the problem, will give parents some of the resources to increase the odds that their child will receive timely screening, referrals, and services.

Healthy Weight, Nutrition, Physical Activity

Healthy weight and physical activity are important to children's wellness and their long-term health. Overweight children now tend to have health problems more commonly found in adults like diabetes, high cholesterol, and high blood pressure. The percent of young children overweight for height has become a concern to pediatricians and families. A recent national report of children's well-being provided data that show that 18 percent of children six to 17 in the nation are overweight.⁷⁰ According to National Pediatric Nutrition data (PedNSS) a growing percent of our nation's children younger than age five are overweight.

Attention to healthy weight supported by good nutrition and daily physical activity during early childhood is a key for parents and caregivers to support healthy development.

Insurance Coverage

While the number of children having access to medical care or well child visits could not be determined for this report, the high rate of uninsured children in the region would suggest that access to medical care and well child visits is limited. As described in the section on Health Coverage and Utilization, children who are enrolled in AHCCCS are very likely to receive well child visits during the year, as are children who are enrolled in Head Start.

Immunizations

Immunization of young children is known to be one of the most cost-effective health services available and is essential to prevent early childhood diseases and protect children from life threatening diseases and disability. Immunizations not only directly protect the children who are immunized, but also protect the children not immunized by decreasing the chances of disease outbreaks will occur. A Healthy People 2010 goal for the U.S. is to reach and sustain full immunization of 90 percent of children two years of age.

⁷⁰ Child and Family Statistics. *America's Children in Brief: Key National Indicators of Well-Being, 2008*. Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office.

Percentage of Immunized Two Year Olds

	2003	2007	2008
Phoenix	65.6	NA	NA
Maricopa County	55.6	NA	NA
Arizona	79.8	78	81
US	80.3	82	82

Source: ADHS Community Health Profile, Phoenix, 2003. ADHS National Immunization Survey, Comparison of 2007 to 2008 Results.

Health Insurance

Health insurance significantly improves children's access to health care services and reduces the risk that illness or injury will go untreated or the illness will become so severe that the costs for treatment create economic hardships for families.

Research shows that children with health care insurance.⁷¹

- Are more likely to have well-child visits and childhood vaccinations than uninsured children
- Are less likely to receive their care in the emergency room
- Do better in school

The primary reason that many families do not have insurance coverage is cost. Arizona consistently has a higher percentage of children without health insurance coverage compared to the nation. One reason is that fewer employers offer health care coverage for their employees or that coverage is not extended to family members. In Arizona, 48 percent of children (ages 0-18) receive employer-based coverage, compared to 56 percent of children nationally.⁷²

In Arizona, public health coverage is available to families with incomes at or below 200 percent of poverty and who have been without insurance coverage for at least six months. The Medicaid and the State Children's Health Insurance Program (KidsCare in Arizona) provide preventive care such as immunizations and well child check-ups as well as care when children are sick or injured.

While many children do receive public health coverage, many others who likely qualify, do not. In 2002, the Urban Institute's National Survey of America's Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona) but are not enrolled.⁷³

Health coverage is not the only factor that affects whether or not children receive the care that they need to grow up healthy. Other factors include: the scope and

71 Johnson, W. & Rimaz, M. (2005). *Reducing the SCHIP coverage: Saving money or shifting costs*. Unpublished paper. Dubay, L., & Kenney, G. M. (2001). Health care access and use among low-income children: Who fares best? *Health Affairs*, 20, 112-121. Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

72 . Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

73 Genevieve Kenney, et al, "Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve," Urban Institute, July 31, 2003.

availability of services that are included by in insurance plans; the number of health care providers including primary care providers and specialists; the distance families have to travel to health care services; and the linguistic and cultural accessibility of services. For example, 37 percent of 788 AHCCCS providers surveyed in 2005 (representing 98 percent of all AHCCCS providers) had *no means* of understanding their Spanish-speaking patients unless the patient's family member could translate for their relative and the medical provider.

Teen Birth

Although teen pregnancy and birth rates in the U.S. have steadily declined in the past 10 years, the data on teen births in Arizona consistently show Arizona among states with the highest teen birth rates in the nation.⁷⁴

Teenage parents are more disadvantaged than other teens, both before and after becoming parents, and they are generally unprepared for the financial responsibilities and the emotional and psychological challenges of early childbearing. The implications for regions may include collaborating with other community and state agencies to assure that a range of supports to these young families are available and accessible in the region. Such support may include age appropriate information and resources on early childhood development, child care, counseling, and case management services to complete high school and prepare for advanced education or employment. Teenage parents and their families may need a variety of community services to assure their children are born healthy and have a good start in life.

Additional Indicators of Interest to the Northwest Maricopa Regional Partnership Council

The Northwest Maricopa Regional Council requested information regarding the screening tools used by school districts in the region. Screening tools being used in the region's schools include:

- Dysart School District– data not made available
- Peoria School District– LAP-D; PSL, Peabody Motor, DAS
- Glendale School District– Dial-R
- Morristown School District– data not made available

Family Support

Family support is a foundation for enhancing children's positive social and emotional development. Children who experience sensitive, responsive care from a parent perform better academically and emotionally. Beyond the basics of care and parenting skills, children benefit from positive interactions with their parents (e.g. physical touch, early reading experiences, and verbal, visual, and audio communications). Children depend on their parents to ensure they live in safe and stimulating environments where they can explore and learn.

74 National Center for Health Statistics, National Vital Statistics Reports, Births, 2004, 2005 2006.

Many research studies have examined the relationship between parent-child interactions, family support, and parenting skills.⁷⁵ Much of the literature addresses effective parenting because of two broad dimensions: discipline and structure, and warmth and support.⁷⁶ Strategies for promoting enhanced development often stress parent-child attachment during infancy and parenting skills.⁷⁷ Parenting behaviors have been shown to impact language acquisition, cognitive stimulation, and promotion of play behaviors—all of which enhance child well-being.⁷⁸ Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, prosocial behaviors, and empathic communication.⁷⁹

The new economy has brought changes in the workforce and family life. These changes are causing financial, physical, and emotional stresses in families, particularly low-income families. Increasing numbers of new immigrant families are challenged to raise their children in the face of language and cultural barriers. Regardless of home language and cultural perspective, all families should have access to information and services and should fully understand their role as their children's first teachers.

Supporting families is a unique challenge that demands collaboration among parents, service providers, educators, and policy makers to promote the health and well-being of young children. Every family needs and deserves support and access to resources. Effective family support programs will build upon family assets, which are essential to creating self-sufficiency in all families. Family support programming will play a part in strengthening communities so that families benefit from "belonging." Success is dependent on families being solid partners at the table, with access to information and resources. Activities and services must be provided in a way that best meet family needs.

Family support is a holistic approach to improving young children's health and early literacy outcomes. In addition to a list of services, such as licensed child care providers, preschool programs, food programs, and recreational programs for families, Regional Partnership Councils will need to work with their neighborhoods to identify informal networks of people — associations — that families can join and utilize to build a web of social support.

A multitude of resources are available in the Northwest Maricopa Region to aid parent knowledge, family literacy and daily reading to children, including public

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- 75 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. *Children and Youth Services Review*, 1994, 17, 251-276; Hair, E., C., Cochran, S. W., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium*. Washington DC, Child Trends; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, *Annual Review of Psychology*, 51, 1-27.
- 76 Baumrind, D. Parenting styles and adolescent development. In J. Brooks-Gunn, R., Lerner, & A. C. Peterson (Eds.), *The encyclopedia of adolescence* (pp. 749-758). New York: Garland; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, *Annual Review of Psychology*, 51, 1-27.
- 77 Sroufe, L. A. *Emotional development: The organization of emotional life in the early years*. Cambridge: Cambridge University Press; Tronick, E. Emotions and emotional communication in infants, 1989, *American Psychologist*, 44, 112-119.
- 78 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. *Children and Youth Services Review*, 1994, 17, 251-276; Snow, C. W., Barnes, W. S., Chandler, J., Goodman, I. F., & Hemphill, J., *Unfulfilled expectations: Home and school influences on literacy*. Cambridge, MA: Harvard University Press.
- 79 ; Hair, E., C., Cochran, S. W., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium*. Washington DC, Child Trends; Sroufe, L. A. *Emotional development: The organization of emotional life in the early years*. Cambridge: Cambridge University Press; Tronick, E. Emotions and emotional communication in infants, 1989, *American Psychologist*, 44, 112-119.

libraries, school programs that support family literacy through Head Start programs, local community organizations such as Reach out and Read, and other groups dedicated to parents and families with young children. In addition, Raising Special Kids, the Southwest Autism Research and Resource Center (SARRC), United Cerebral Palsy of Central AZ, Inc., and Southwest Human Development all provide information and resources for families with children with special needs.

In the Northwest Maricopa Region, an array of efforts, initiatives and programs providing support to families are available, including statewide programs such as Healthy Families Arizona and Promoting Safe and Stable Families that provide a variety of support services and parent education. The area hospitals provide classes and materials for children's health and education. Faith-based organizations also offer learning opportunities and resources for families. Several literacy programs also work with families in the regions. Additionally the Valley of the Sun United Way has developed an array of education materials for families. School and library programs offer a wealth of resources for parent knowledge and education materials including classes, Web sites, handouts, and brochures. Southwest Institute for Families and Children with Special Needs has developed SWIf[®] resources — a web-based listing of over 2795 resources for families in Maricopa County.

Parent Knowledge About Early Education Issues

When asked, child care professionals continually report that families need more and better information around quality child care⁸⁰. Parents seem perceptive of their need for more information. In 2007, the Valley of the Sun United Way conducted a survey with 250 parents across Maricopa County. Results indicated that many of the parents surveyed felt knowledgeable about early childhood issues. Still, almost half of parents surveyed indicated they could use “a lot more” education about early childhood issues, with only 20 percent responding that they only wanted a little more information.

Northwest Maricopa Region's Literacy Efforts (2008)

Family literacy programs available • 7 libraries • 4 family and childcare associations • 4 other programs	15
High school literacy programs for teen caregivers	5

Source: SWIf[®] Resources (2008) www.swifamilies.com

Literacy Volunteers of Maricopa County provides individual tutoring, preparation for the GED exam at the LEARN Center, and computer literacy training at the Community Technology Center. They also provide family literacy programs, including basic education and parenting, as well as workplace education, for parents of preschool and kindergarten children. Libraries and school districts also offer programs to assist families with literacy. There are seven libraries in the region. All provide a range of literacy programs for children and parents.

80 Whitebook, M., Howes, C., & Phillips, D. *Who cares? Child care teachers and the quality of care in America, 1989*, Oakland, CA: Child Care Employee Project.

Reach Out and Read, encourages family literacy, by providing each child a book during his or her well-child checks with a local physician/clinic. Currently the Glendale Family Health Center, Tidwell Family Care Center, El Mirage Family Health Center, Wickenburg Family Care Center, and numerous other pediatric and family physicians participated in the Reach Out and Read program. They serve 2400 children annually, distributing 4800 books through 29 providers serving approximately 6 percent of the children (ages birth through five) in the region.

Channel 8 PBS programming offers many opportunities for children and families to learn together using the Internet, television programming, and direct training. In the parent training component - Ready to Learn — families meet with a trainer and are given books and techniques for reading to their children as well as strategies for watching television together. There has been no local survey conducted to-date that has measured daily reading with children or specific parent knowledge about early childhood education.

Professional Development

Professionals providing early childhood services to young children and their families can improve upon their knowledge and skills through on-going professional development activities. This may involve taking college credit-level coursework that lead to a certificate, degree, or teacher certification or, this could involve participation in higher-level training sessions, conferences, and workshops.

Child Care Professionals' Certification and Education

Research on caregiver professional development has found a relationship between the quality of child care services provided and outcomes for the child.⁸¹ Furthermore, formal training/education is related to increased quality care, however, *experience without formal training/education* has not been found to be related to quality care.⁸² In Arizona, the 2004 Compensation and Credentials Survey concluded, “high quality early childhood education sets the foundation for life-long learning and school success. And qualified early childhood teachers are the foundation of high quality early childhood education.” In 2004, only 8 percent of Assistant Teachers, 32 percent of Teachers, and 40 percent of Teacher Directors in programs licensed by the Arizona Department of Health Services and servicing children birth to age five were college graduates.⁸³

The preparation of the early childhood workforce is a pressing concern of Regional Partnership Councils, as it is for policy makers, child and family advocates, the early childhood education industry in Arizona and those involved in the early childhood education career development from the high school to the higher education levels. The percentage of directors of programs, teachers and assistants without a college degree of any kind, across the state, is extremely low. However, many barriers

81 NICHD Early Child Care Research Network. The relation of childcare to cognitive and language development, 2000, *Child Development*, 71, 960-980.

82 Galinsky, E. C., Howes, S., & Shinn, M. *The study of children in family care and relative care*. 1994, New York: Families and Work Institute; Kagan, S. L., & Newton, J. W. Public policy report: For-profit and non-profit childcare: Similarities and differences. *Young Children*, 1989, 45, 4-10; Whitebook, M., Howes, C., & Phillips, D. *Who cares? Child care teachers and the quality of care in America*, 1989, Oakland, CA: Child Care Employee Project.

83 State Board on School Readiness. *Compensation and Credentials: A Survey of Arizona's Early Education Workforce*, July, 2005

exist for those in the field to obtain higher education. Among these are the low earnings of the workforce, which in 2004 recorded \$8.10 as the median wage for Assistant Teachers, \$9 for Teachers and \$10.92 for Teacher Directors.

A pressing concern of the Northwest Maricopa Regional Partnership Council, and for many other areas around the state, is the preparation of its early childhood and elementary school teachers. Professional training and credentialing of professionals appears to be lacking in the region.

Childcare Professionals' Educational Background

Degree Type	Northwest Maricopa 2007		Arizona* 2007		U.S.** 2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants
No degree	67%	90%	61%	82%	20%	12%
CDA	6%	9%	9%	7%	N/A	N/A
Associates	18%	4%	15%	8%	47%	45%
Bachelors	12%	2%	19%	7%	33%	
Masters	4%	<1%	6%	<1%	43%	

Source: Compensation and Credentials report, Center for the Child Care Workforce — Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population report, 2002.

* Arizona figures were determined by using the statewide average from the Compensation and Credentials report.

**U.S. figures had slightly different categories: High school or less was used for no degree, some college was used for Associates degree, and Bachelors degree or more was used for Bachelors and Masters Degree

Employee Retention

Providing families with high quality child care is an important goal for promoting child development. Research has shown that having child care providers who are more qualified and who maintain employee retention is associated with outcomes that are more positive for children.⁸⁴ More specifically, research has shown that child care providers with more job stability are more attentive to children and promote more child engagement in activities.⁸⁵

As the chart below shows, average length of employment has remained low with teachers employed more than five years at 20 percent and assistant teachers employed more than five years at 4 percent.

84 Rakes, H. Relationship duration in infant care: Time with a high ability teacher and infant-teacher attachment. 1993, *Early Childhood Research Quarterly*, 8, 309-325.

85 Stremmel, A., Benson, M., & Powell, D. Communication, satisfaction, and emotional exhaustion among child care center staff: Directors, teachers, and assistant teachers, 1993, *Early Childhood Research Quarterly*, 8, 221-233; Whitbook, M., Sakai, L., Gerber, E., & Howes, C. *Then and now: Changes in child care staffing, 1994-2000*. Washington DC: Center for Child Care Workforce.

Average Length of Employment for Child Care Professionals in Northwest Maricopa (2007)

	6 months or less	7-11 months	1-2 years	2-3 years	3-4 years	4-5 years	More than 5 years	Not applicable
Teachers	11%	9%	14%	6%	26%	9%	20%	6%
Assistant Teachers	8%	3%	24%	18%	9%	8%	4%	26%
Teacher Directors	6%	2%	4%	6%	8%	8%	26%	40%
Administrative Directors	6%	6%	9%	6%	6%	9%	20%	40%

Source: Compensation and Credentials Survey

Compensation and Benefits

Higher compensation and benefits have been associated with quality child care. Research studies have found that in family care and in child care centers, workers' salaries are related to quality childcare.⁸⁶ Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality childcare.⁸⁷ Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.⁸⁸ As the chart below shows, small salary increases have been implemented from 2007 to 2008 in Northwest Maricopa. For assistant teachers the salary increased only 14 cents from one year to the next.

86 Lamb, M. E. Nonparental child care: Context, quality, correlates. In W. Damon, I. E. Sigel, & K. A. Renninger (Eds.), *Handbook of Child Psychology* (5th ed.), 1998, pp. 73-134. New York: Wiley & Sons; National Research Council and Institute of Medicine. *From neurons to neighborhoods: The science of each childhood development*. Washington DC: National Academy Press.

87 Schorr, Lisbeth B. Pathway to Children Ready for School and Succeeding at Third Grade. Project on Effective Interventions at Harvard University, June 2007.

88 Schorr, Lisbeth B. Pathway to Children Ready for School and Succeeding at Third Grade. Project on Effective Interventions at Harvard University, June 2007.

Average Wages and Benefits for Child Care Professionals in Northwest Maricopa

		2004	2007	2008
Teacher	Hourly Wage Medical Disability Retirement Paid Vacation Educational	\$10.27	\$10.55	\$12.47 81% 63% 66% 45%
Assistant Teacher	Hourly Wage Medical Disability Retirement Paid Vacation Educational	\$7.96	\$8.58	\$8.72 81% 63% 66% 45%
Teacher/ Director	Hourly Wage Medical Disability Retirement Paid Vacation Educational	\$13.72	\$14.92	
Admin/ Director	Hourly Wage Medical Disability Retirement Paid Vacation Educational	\$18.27	N/A	

Sources: 2004 and 2007 data is from the Compensation and Credentials Survey; 2008 data: SWI

Public Information and Awareness

Public interest in early childhood is growing. Recent research in early childhood development has increased families' attention on the lasting impact that children's environments have on their development. The passage of Proposition 203 — First Things First — in November 2006, and previous efforts led by the United Way, the Arizona Community Foundation, and the Arizona Early Education Funds, has elevated early childhood issues to a new level in our state.

Increasingly, families and caregivers are seeking information on how best to care for young children. National studies suggest that more than half of American parents of young children do not receive guidance about important developmental topics and want more information on how to help their child learn, behave appropriately, and be ready for school. Many of the most needy, low-income, and ethnic minority children are even less likely to receive appropriate information.⁸⁹

Families and caregivers also seek information on how families can connect with and navigate the myriad of public and private programs that exist in their communities that offer services and support to young children and their families. Few connections exist between such public and private resources, and information that is available on how to access various services and supports can be confusing or intimidating. Information provided to families needs to be understandable, culturally and geographically relevant, and easily accessible.

89 Halfon, Nel, et al. "Building Bridges: A Comprehensive System for Healthy Development and School Readiness." National Center for Infant and early Childhood Health Policy, January 2004.

In the Northwest Maricopa Region, many organizations currently play a role in providing information on child development and family resources and supports to families. Across each community in Arizona, the following resources provide important early childhood services:

- **School Districts** – which disseminate information to parents and the community at large through a number of events throughout the school year that include open house nights, Parent Teacher Organization (PTO) monthly meetings, information fairs, and parent university weekends. School districts also use federal funding to keep parents aware of important issues such as health care and child nutrition through information campaigns. School districts have also created a network of information for parents through weekly or monthly newsletters, health bulletins, and Web site updates.
- **Public Libraries** – many libraries offer parent workshops to families on how to raise young readers. Many of the libraries offer story times for young children and their caregivers, where best practices in early literacy are modeled. The libraries may also conduct outreach story times at a limited number of child care centers in the region, where they also train child care providers and families on best practices in early literacy.
- **Community Organizations** – A variety of community organizations provide education, social services, education, and other forms of assistance related to early childhood. Each community has unique agencies that can foster the goals of promoting early childhood development.
- **Head Start** – The Northwest Maricopa Region has 15 Head Start Programs to inform low-income families about issues related to child growth and development as well as school readiness, issues around parent involvement, children's health, and available community social services.

Additionally, a number of organizations, hospitals, and businesses collaborate to educate parents on child development by providing resources such as:

- **Learning Kits** – Several organizations in the Northwest Maricopa Region provide kits to families with information on how to best care for young children.
- **The Virginia G. Piper Charitable Trust** collaborates with the medical community to provide information to parents of newborns through area hospitals. The kits provided include the Arizona Parents Guide, which contains useful tips about child development, health and safety, quality child care, and school readiness. The kit also includes five high quality videos describing the importance of the early years of child development, parenting skills such as positive discipline, quality early care and education settings, and keeping a child well and healthy. A first book for baby is also included in the kit.
- **The Valley of the Sun United Way** provides School Readiness Kits to parents and caregivers in Maricopa County. This comprehensive tool (offered in both English and Spanish) is divided into three sections including Early Learning and Development, Nurturing a Positive Attitude and The First Day of School. The kit fosters proper learning and social skill progress for children ages birth through five.

- **Back-to-School Information** – Numerous organizations distribute information to families with young children as they prepare to enter or return to elementary school each year in July or August.

Public awareness and information efforts also need to go beyond informing parents and caregivers of information needed to raise an individual child or support a family in care giving. Increased public awareness around the needs of children and their families is also needed. Policy leaders need to better understand the link between early childhood efforts and the broader community's future success. Broader public support must be gleaned to build the infrastructure needed to help every Arizona child succeed in school and life. Success in building a comprehensive system of services for young children requires a shift in public perceptions and public will.⁹⁰

System Coordination

Throughout Arizona, programs and services exist that are aimed at helping young children and their families succeed. However, many such programs and services operate in isolation of one another, compromising optimal effectiveness. A coordinated and efficient systems-level approach to improving early childhood services and programs is needed.

System coordination can help communities produce higher quality services and obtain better outcomes. For example, one study found that families who were provided enhanced system coordination benefited more from services than did a comparison group that did not receive service coordination.⁹¹ Effective system coordination can promote First Things First's goals and enhance a family's ability to access and use services.

Partnerships are needed across the spectrum of organizations that touch young children and their families. Organizations and individuals must work together to establish a coordinated service network. Improved coordination of public and private human resources and funding could help maximize effective outcomes for young children.

A wide array of opportunities exists for connecting services and programs that touch children and families. Early childhood education providers could be better connected to schools in the region. Services and programs that help families care for their young children could be better connected to enhance service delivery and efficiency. Public programs that help low-income families could be better coordinated so that redundancies as well as "gaps" in services are eliminated. Faith-based organizations could increase awareness among families of child development and family resources and services. Connections between early education and health providers could be forged.

⁹⁰ Clifford, Dean, PhD. Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.

⁹¹ Gennetian, L. A., & Miller, C. *Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Effects on Children*, 2000, New York: Manpower Demonstration Research Corporation; Miller, C., Knox, V., Gennetian, L. A., Dodoo, M., Hunter, J. A., & Redcross, C. *Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Vol. 1: Effects on Adults*, 2000, New York: Manpower Demonstration Research Corporation.

Parent and Community Awareness of Services, Resources, or Support

Building Bright Futures, the 2007 Statewide Assessment, noted that the passage of First Things First by majority vote demonstrates that Arizonans are clearly concerned about the well-being of young children in Arizona. However, when asked “how well informed are you about children’s issues in Arizona,” more than one in three respondents say they are not informed. A 2007 survey of families conducted for Valley of the Sun United Way indicated that young parents rely heavily on the Internet as well as family and friends for information on resources and support services. Traditional models of the phone book, magazines, governmental or contract agencies were of low utility for parents. The majority of families in Western Maricopa report soliciting referral advice and information from friends and relatives. In this study, parents reported general satisfaction with their child care provider. However, 20 percent reported that they were looking for alternative providers. This may be due in part to the distances parents travel to their providers. Families in Western Maricopa drive an average of 13 miles each way to visit a care provider.

Additional Indicators of Interest to the Northwest Maricopa Regional Partnership Council

Other future data of interest to the Northwest Maricopa Region include:

- Interest in locating non-accredited child care providers — How to locate them without being threatening?
- Number of special education programs not accredited
- Region school district procedures for screening of children
- Region school district policies on reimbursement of staff for further education, particularly teacher assistants
- Cost data that reflects the metropolitan and rural characteristics of the region
- Usage of programs sponsored by public libraries
- Solicitation of data from providers on what they need in order to do a better job
- Number of churches and church programs targeting young children
- Number of families receiving Food Stamps
- Review of school district enrollment to note increase or decrease
- Regional data on the number of children removed from homes, number of children in foster care
- Regional data regarding environmental risks, social issues and violence



Appendix

Citations for Resources Used and Extant Data Referenced

- AHCCCS enrollment and utilization data excerpts, by county: 2007-08.
- American Association of Retired Persons: http://www.grandfactsheets.org/state_fact_sheets.cfm
- American Community Survey (2003-2007) -U.S. Census: <http://factfinder.census.gov>
- American Montessori Society: www.amshq.org
- Annie E. Casey Foundation Kids Count Data Center <http://www.kidscount.org/datacenter/compare>
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Description of Methodologies Employed for Data Collection

The needs and assets assessment commenced on May 1, 2008 and all data were collected by June 30, 2008. For existing data, collection methods included the review of published reports, utilization of available databases, and completion of environmental scans that resulted in asset inventories as well as listings for licensed and accredited child care settings.

Primary data, otherwise defined as newly collected data that did not previously exist, were collected in the most rapid fashion available given the short time horizon in which to complete the assessment. For the Northwest Maricopa Region, this rapid needs and assets assessment approach consisted of consultants working with the Regional Partnership Council to create a survey to collect information on early care and education centers in the region (SWI ECE Centers Survey). Sixteen questions were included in the survey and questions were created in collaboration with the Regional Partnership Council Coordinator to address issues important for future regional planning efforts. The survey was conducted by phone, and all accredited, and 30 percent of randomly selected licensed (non-accredited) early care and education centers, were called. Seventeen (17) of the 22 accredited centers and 48 of the 210 licensed centers successfully completed the survey. Data collected from the centers were analyzed using Microsoft Excel. Results are reported as sums, averages, and percentages as applicable to each question for which survey data were supplied.

As made plain in the state's 2007 *Bright Futures* report, gaps in data capacity infrastructure are more than evident when looking for evidence of how well young children are doing in Arizona with regard to early childhood health and education efforts. Data were not always available at the regional level of analysis, particularly for the more common social and economic demographic variables that are measured collectively as part of the larger Maricopa County area overall. In particular, data for children birth through five years were especially difficult to unearth and in many cases indicators are shown that include all children under the age of 18 years, or school age children beginning at age six. One exception to this case is the Head Start data that are reported which do pertain to children under the age of five years; however, these data also represent all Head Start children receiving services in the County and do not zero in on those children residing only within the geographic boundaries of the Northwest Maricopa Regional Partnership Council region. Compounding this problem are additional barriers that limit the sharing of data between communities, organizations, and other entities due to concerns over privacy and other obstacles that impede the dissemination of information.

It is also important to note that even when data are available for this population of children (birth through five years), or even the adult population of caregivers or professionals, there are multiple manners in which data are collected and indicators are measured, depending on agency perspectives, understanding in the field, and the sources from which data are mined. These indicators, approaches, and methods of data collection also change over time, sometimes even yearly, and these inconsistencies can lead to different data representations or interpretations of the numbers presented in this and other reports where data capacity infrastructure efforts are still in their infancy as they are in Arizona and nationally, with regard to young children ages birth through five years.

Given these limitations with Arizona's current data capacity infrastructure, data presented here should be interpreted carefully; yet, also be seen as one step in the right direction towards building this capacity at the local level by conducting regular community assessments on a biennial basis.





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